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EDITORIAL COMMENT

A JOURNAL MILESTONE

With this issue, the JOURNAL begins its seventeenth year. The one just closed has been in many ways the most successful in its history. This is due partly to its natural growth, which has made possible a more liberal policy, and partly to a campaign for new subscribers carried on from the headquarters at Rochester in which many nurses in every section of the country have participated. Our acknowledgments are hereby made to all those who have taken part in this campaign or who have in any way aided in the development of the JOURNAL. We ask the continued coöperation of nurses in every department of work in its behalf.

By those who are working in its interest, it is to be remembered that the idea to be brought forward is that the AMERICAN JOURNAL OF NURSING is first of all the property of the American Nurses' Association with its 30,000 members, that its managers and editors are nurses, leaders in the nursing field, that all of its contributors are either nurses of experience or physicians of note, that no individual profits by its financial success, and that its motive is the advancement of nursing education and ideals, that the public may have better care both in the prevention and relief of sickness and that the worker may be given such recognition as the character of her calling deserves.

Notwithstanding the troubled condition of the warring countries of Europe at the present time, the interests of the JOURNAL have not been materially disturbed. The year opens with every indication that conditions in our own country will remain undisturbed and that we may look forward to a long period of quiet steady effort in the interest, not only of the JOURNAL, but of all our nursing affairs. There is no one special new problem looming up before us, but there are many of the old ones which are unfinished and must be carried forward.

The Robb Memorial, the first of our funds to be established, made a perceptible gain last year, as a result of the special campaign, but the amount set as its goal has not yet been reached.

The Relief Fund, while growing steadily, is far from adequate to meet the requests for help which are constantly increasing.

The reorganization of the American Nurses' Association is the most vital of the old problems that are immediately before us. Many of our readers will be interested in the bill which has been introduced into Congress for the incorporation of the Association in the District of Columbia, a bill which has passed the Senate and which will be introduced in the House at its next session. The text is given on another page.

We want to add the JOURNAL'S voice to that of those who have the actual work in hand, urging all associations, large and small, to give very careful consideration to the changes in the by-laws of the national association, a summary of which was sent to the affiliated organizations earlier in the summer and which should have their attention at this time.

Undoubtedly, in many states, plans will be getting under way for changes in the laws for state registration, for amendments which will raise the required standards or will in some way broaden the influence of the laws, and in this work, again, a strong pull together is the thing that carries such work forward.

The leaders in all of the strictly educational departments of our work need the inspiration which comes from the support of the great rank and file, which an individual can give by her presence, if she can do no more, at the meetings in her locality.

THE RELIEF FUND

We have been asked to make special mention at this time of the Relief Fund of the American Nurses' Association. Among some groups there is still some misunderstanding as to its purpose and the manner of its administration. If the American Nurses' Association succeeds in obtaining a national charter from Congress, it can continue to hold this Fund as one of its activities without having it separately incorporated or being in any way hampered in its administration by state restrictions.

The suggestion which was made last spring, that the name should be changed and that the Fund should stand as a memorial to Isabel McIsaac, was referred back to the associations and is one of the points to be discussed at the next convention. As a member of the committee which helped to develop the Fund, the editor is opposed to this change. She feels that it would lead to great confusion. It seems more appro-

priate that the Relief Fund, which is intended to relieve those of our members who are in other ways unprovided for when misfortune overtakes them, should stand for that one thing and not in any way serve a double purpose. She feels that Miss McIsaac herself would disapprove of it and also that a memorial to her of any kind should be a spontaneous expression of affection from her friends, from those who feel that they owe much to her teachings or who admired her womanly qualities.

At the state meetings which are now being held all over the country, those in charge should remember to appoint a Relief Fund Committee, as one of the latest developments in connection with this Fund is the provision for these state committees through which applications for relief may be sent to the central committee and to which it can turn for help in any needed investigation of applications. The state committees are asked to supervise the formation of local Relief Fund committees which shall bear much the same relation to them as the state committees do to the national. All the committees, national, state and local, have one common duty, that of increasing the Fund by means of organization or individual pledges.

THE SLIDING SCALE OF CHARGES

Another old problem, which has been mentioned in this JOURNAL more frequently in the years gone by than recently, is the sliding scale of charges for nurses. Miss Parsons, in her recently published volume, has embodied her opinions which coincide with ours, that before a departure from the fixed rate can be brought about, there must be a long period of education of the pupils in training. It is an injustice to the woman of long years of successful experience that her earning power should be no more than is that of a young woman fresh from the training school. It is also unfair that if she were to give her services to a person of limited means at a reduced charge, she should not be considered justified in raising her charges to a patient of great wealth, as do physicians.

On the other hand, with such great numbers of young women entering the field without experience of the world and, in many cases, without adequate home training, whose youth prevents their having reached the period of responsibility, the amount demanded for their services from people in any walk of life is unreasonable. The woman who is able to do routine work in the training school, under supervision, but whose lack of culture interferes with her adaptability outside, and whose inability to be generally useful leaves her with many hours of idleness, is not worth to her employer what he would cheerfully pay to

a woman of trained experience and of broader knowledge. One thing we believe should be done is that the central directory committees, who are constantly dealing with nurses who are unsuccessful, whose names are constantly on the waiting list, until they are really in straightened circumstances, should advise these that their only hope lies in reducing their charges, that in doing so they are not in any way disloyal to their associates or to any other members of their directory.

The breaking down of the fixed charge and the establishment of the custom of increasing it as well as decreasing it, is one of the most difficult problems that has presented itself to the nursing body.

THE NEED OF INSTRUCTORS

One of the great perplexities which is being felt at Teachers College and by the heads of the leading schools all over the country is the impossibility of filling the demand for trained instructors of nurse students. Hospitals are offering from $65 to $100 a month, with maintenance, to women of experience who have had special training, and they are feeling indignant that such demands cannot be met satisfactorily. There is a reason for this which reflects back on the very hospitals which are most critical. They are demanding teachers possessing the qualifications of the most highly trained person, yet they have not felt the responsibility of turning their own promising pupils toward such preparation by urging them to take the special courses which are provided for them. Teachers College and the universities most closely affiliated with good nursing schools are training larger numbers of women each year but they cannot begin to meet the demand; they cannot make bricks without straw. Many schools and a few alumnae associations are offering scholarships for postgraduate courses but many more should follow their example. The applications for the Robb scholarships are fewer than one would suppose. Four of these scholarships are granted this year and possibly more may be given another year; there should be keen competition for them from all parts of the country. It would be well to announce at the various state meetings that such scholarships are available. When a superintendent has struggled hard to persuade her board that she needs an instructor, it is hard to tell her that there is no one available who has been specially trained for the work. The women who have been teachers before taking up nursing should prove of great use as instructors in our training schools if only they will fit themselves for it.

"THE CANADIAN NURSE"

Many of the nurses in this country, especially the Canadian women, will be interested in the change of ownership of *The Canadian Nurse* which was taken over by the Canadian National Association of Trained Nurses at its convention in Winnipeg in June last. The new editor of the magazine is Helen Randall, superintendent of nurses at the Vancouver General Hospital and president of the Canadian Society of Superintendents. She is a graduate of the Royal Victoria, Montreal, and has held several positions in this country. The retiring editor is Bella Crosby of Toronto.

It is to be remembered that *The Canadian Nurse*, which was established in 1905, has been developed under great hardship, much valuable work having been given to it voluntarily by many members. Miss Crosby has performed her duties as editor in addition to her regular nursing work and with small remuneration. We congratulate her upon her release from the burden which she has been carrying for so long, and for the good pioneer work she has done in the face of such difficulties and problems as only those who have travelled the same road can appreciate. We congratulate the National Association on its ability to take this advance step and we wish the new editor every success in her undertaking.

JOURNAL ADVERTISING

Every one, nowadays, realizes the value of advertising. Every one who has to do with a journal of any sort knows that the advertisements form one of its important features. This JOURNAL makes a steady effort to improve its advertising pages, to keep them up to the best ethical standards, to eliminate everything that is unreliable or that savors of quackery. The income from our advertising is one of the large parts of the JOURNAL's resources and it is perfectly legitimate to ask our readers to help us keep the best advertising in our pages, that when they need some hospital appliance or sick room necessity, they may feel perfect confidence in turning to those pages for what they are seeking.

How can you help us in this department? First, by always mentioning the JOURNAL when writing to advertisers. If these men receive many inquiries and orders from JOURNAL subscribers, they know it pays to keep their wares before them. Second, when you know of an excellent article which is not advertised with us, write to the manufacturers and ask them to take space with us. If you are present at any

convention where there are commercial exhibits, make the JOURNAL known to the people in charge. A word of commendation from one of our readers will go farther than many words from a JOURNAL representative, because it is spontaneous and disinterested. Finally, get into the habit of looking through the advertising pages; it is like stopping before the attractive window of a shop, you may see something that you had not known about and that would be of great value to you.

TWO IMPORTANT CHANGES

In the last issue of the JOURNAL we announced Miss Noyes' resignation from Bellevue, in order to accept a position with the Red Cross in Washington. Just as we go to press, we learn that her successor at Bellevue is to be Amy M. Hilliard, Inspector of Nurse Training Schools for New York State. The position of inspector, thus left vacant, is to be filled by civil service examination, as has been done in the past. The definite announcement of this examination will be found on another page. Miss Hilliard has filled this responsible position with exceptional ability; her resignation will cause deep regret among all with whom her work brought her in contact. It is hoped that the result of the examination may be an inspector who may follow her as successfully as she has followed Miss Goodrich.

TRACING THE SOURCES AND LIMITING THE SPREAD OF INFANTILE PARALYSIS

FIRST PAPER

By CHARLOTTE TALLEY, R.N.

Montclair, New Jersey

Read Emerson's essay on "Compensation" and you will be in a proper frame of mind to believe that there is even compensation for this fateful grasp of a monster hand which is crushing out young lives and leaving others maimed and helpless. This plague upon youth, which has shaken parenthood to its foundations, has aroused the people permanently to a sense of their own responsibility and that of the civic authorities in preventing disease. A low accompaniment to the voices of medical experts and city officials in regard to the conditions and possibilities concerning infantile paralysis, is the murmur of the people. What are they saying? And what are they thinking and doing under the lash of this scourge, while trained minds are assuming charge of the situation?

"Come in and let me tell you something," said a Russian Jewish mother of the East Side in New York City, opening wide her door to a nurse from the Board of Health, who was distributing yellow leaflets with precautions against "Polio" (the medical nickname for poliomyelitis or infantile paralysis). "You see my house," with a sweep of the hand to indicate scrubbed floors and dustless furniture. "I keep always like this and the children I bathe every day." On the washtub sat a boy of two and on a chair by the window a girl of five, both clean but unhappy. "Some of the women, you should see them, they work all day now throwing out trash and cleaning the children. They never kept clean before, but they are scared that dirt brings the sickness and I guess it does." "Tell me what to do," continued the woman with an anxious look, as with trembling fingers she finished dressing the wide-eyed boy. "I am scared to take the children out and they hate to stay in. My man and I will spend all our money to take them away from the city if they should go. What shall we do?"

The nurse advised this mother to take her children out every day, away from their own neighborhood, as a red and white placard across the street warned of a case of paralysis, and not to make herself ill with worry, because, after all, out of 1,600,000 children under sixteen years of age in Greater New York, comparatively few were stricken.

In India there is a legend about the Spirit of Plague which threatened to destroy five thousand persons in a certain city. When ten thousand died and the Plague Spirit was accused of exceeding the number of his prophecy he replied: "I only killed five thousand. Fear killed the rest."

It is the mothers who are most fearful of paralysis and who guard most carefully against it, whose children are generally attacked, and there is the same mystery in this, except to mental scientists, as there is in the fact that physicians often die of the disease they specialize in treating.

Everywhere the Board of Health nurse on her rounds of inspection was met by the worried but controlled faces of mothers, the only care free women being those who cheerfully replied to inquiries made at their doors concerning the health of children, "I have no children." Out of 106 flats visited in one day in an infected district, only twenty-four were vacant, and from one house, only, had there been a general exodus, nine flats out of twelve having been vacated across the street from a placarded house. Many families wanted to go away but were unable to do so. But strangely a case of paralysis will often run its course in a tenement where there are as many as 50 children without a second infection occurring.

Some women received in stricken silence the dodger which the nurse handed them; they could not read English and the older children explained the directions to them, while the nurse appeared as reassuring as she could, for there was so pitifully little she could say to soften the facts presented, which were as follows:

> Infantile paralysis is very prevalent in this part of the city. On some streets many children are ill. Keep your children off the streets as much as possible and be sure to keep them out of the houses on which the Board of Health has put a sign. This is a disease which babies and young children get; many of them die; and many who do not, become paralyzed for life. Don't let your children go to parties or picnics or outings. Don't let them play with any children who have sickness at home. The daily papers will tell you in what homes the disease is. If your child is sick, send for your doctor at once, or send word to the Board of Health.

Some true cases of paralysis are discredited. Parents find it difficult to believe that a child that has only been feverish, with a stomach or intestinal disturbance, could possibly have "Polio," and when they hear of such a case they believe that any ill child is likely to be taken away from them. They dread to have their children removed to the hospital because they are only allowed to see them once after admission, so crafty mothers often conceal a child who is slightly ill.

"It was all right to take my boy that died to the hospital," moaned a heart-broken German mother, with only one child left in her spotless new flat, "but the baby wasn't sick at all. I was nursing him and now he'll die too, being put on the bottle this hot weather." This woman listened attentively while the nurse explained to her that there were three different types of paralysis and that the abortive cases were as great a menace to other children from the point of infection as the severe ones. Then she said, "But my baby needs me most."

Some parents see signs of the dread disease if any other illness attacks their children. One mother had a child ill with German measles and because she did not know that with infantile paralysis there is no rash, this distraught woman believed the doctor was hiding the truth from her and scanned the nurse's face keenly for signs of its admission.

The younger children seem instinctively to share their mother's fear; but the older ones are philosophical. "There is a case of this sickness on the first floor," said a self-possessed little Jewess, "but it's just a touch of it. We all play on this floor and run by the door when we go out." Someone's imagination, her own or another's, had misled this child. She assured the nurse that the little girl on the first floor had a paralyzed face. Later this was proven a myth, as the child was found to be only recovering from a cold.

One slight little Italian woman with a healthy but teething baby, reasoned about her own fears. "I know I'm foolish," she said, "but every little thing that's wrong I have my baby dead and buried. I do nothing but clean the rooms and take care of him, but what frightens me so is that the bambino that died across the way was such a healthy boy and his mother took such good care of him. She took him to the Park every day and fed him well. Tell me what more I can do."

"You'd better get netting for the baby's crib," said the nurse. Tenement house windows are not screened and there were a few flies in sight near the peacefully sleeping baby. The nurse had found in each case of paralysis some act or condition which seemed responsible for the infection. When nothing else was discoverable, there were always at least a few flies about, which might have been carriers. It has been demonstrated that domestic flies experimentally contaminated with the virus of poliomyelitis remain infective for forty-eight hours or longer.

Tenants everywhere welcome the nurse inspector and look to the health authorities to remedy unfavorable conditions. They fear to give their names in making complaints lest the landlord ask them to move out, but they call attention in confidence to foul odors from sinks, defective plumbing, refuse on roofs and in courtyards, and dumb-

waiters that need disinfecting. One man wanted the garbage removed earlier in the day. Another man reported that push-cart peddlers kept decaying fruit and vegetables in locked basements below him and that he was sure these were a source of danger, because the odor from them was noticeable.

Eyes and noses everywhere are in service for the children in regard to local conditions, and awakened minds are considering different phases of the problem. The opinion seemed to be general with the people who were keeping their homes clean, that there was some defect somewhere in their surroundings. "What causes this sickness?" they all asked, and "What shall we do?" The latter question was easier to answer than the first because suggestions could always be made to improve sanitary conditions, but the cause of this terrifying malady is still problematical. The investigators may yet discover that as they have identified the mosquito with malaria and yellow fever, the rat with bubonic plague, the tsetse fly with sleeping sickness, some unknown agent is the real criminal in this plague. The chief mode of demonstrated conveyance of the virus is still the agency of the human being. Visiting infected districts strengthens the belief that faulty sanitation is conducive to the spread of the disease, at least, if not to its generation.

There was condemnation expressed by some tenants of others who left their garbage cans uncovered or who threw rubbish into the court. One woman said that the trouble with stopping such carelessness was the difficulty of finding out who was guilty. She could see the women in other tenements and watch what they did, from her window, but she could not see the people in her own house. "But we're getting after 'em," she declared, angry glints in her Irish eyes, "and when we catch 'em we'll call a cop and they'll pay a fine, sure."

The offenders, however, are few in number compared with the clean, decent people among the tenement population. Since the poorer districts, either rural or urban, where unsanitary conditions exist, appear to be the source of the epidemic, is not the model tenement a possible solution of this serious question?

If we get near enough to appreciate the courage, sacrifice, and devotion in the lives of those who labor hardest and are paid least, we wish to see them given a bigger chance for development. Humanity generally grasps any opportunity offered it to reach a higher plane. These lives are not unimportant; least of all the young lives. If we are to give our citizens their inalienable right to life, liberty, and the pursuit of happiness, they, the least of them, should be housed so that

their health is conserved and their children may be born into a safe environment.

The majority of New York's population in the districts affected by infantile paralysis will not easily become indifferent again to their surroundings. A long step forward has been taken toward cleaner and more sanitary living, and material improvement will result from the spiritual upheaval in the lives of the people through this menace to their children.

THE NEED OF TRAINED PUBLIC HEALTH NURSES

The first thing that is needed to carry on health work of any kind, whether it is tuberculosis or otherwise, in every community, is organization, not a charitable affair which is made up of a few interested citizens, but boards of health, properly organized, competently manned, sufficiently financed by local or state government and built up along the lines of efficiency. Prevention of disease is a business proposition. If we expect the business to bring results, the organization must be built up on a business basis, with men and women in charge who are trained in the business. Short of that, we can never hope to get results.

We need the organization first before we should proceed to do things. We need competent individuals in control who make themselves responsible for working out the details of a complicated problem. If we were to start in the business of manufacturing a commercial product with the expectation of making a handsome profit, we would first of all demand that the undertaking be properly organized and that individuals be placed in charge who are qualified. If we expect to get results in health matters, we must organize the health supervision of every community, on a business basis. The work must be taken out of the hands of the incompetent and placed in the hands of trained individuals. I consider health protection far more important than either police or fire protection, and yet we are spending from $1 to $2.50 per capita annually for fire protection; from 50 cents to $2 for police protection and only from 1 cent to about 20 cents per capita for health protection. What can you expect from health organizations which are dependent for success upon charity, upon time stolen from other business, and upon inefficiency?—*From a paper read by Dr. William DeKleine before the Michigan State Nurses' Association*

DIET KITCHEN EFFICIENCY

By ALICE URQUHART FEWELL

Santa Monica, California

There are two kitchens in nearly all large hospitals, each placed there for its special purpose. We have the main kitchen, presided over by a chef, which supplies food to the public ward patients, the doctors, nurses, and employees. Besides this there is also a diet kitchen presided over by a dietitian. In the diet kitchen, under the direction of the dietitian, the pupil nurses of the training school prepare all or part of the food for the private room patients, together with any special diets which may be ordered. It is with this diet kitchen and its problems that we will now chiefly concern ourselves.

The location of the diet kitchen is of first importance. In many of the older hospitals, where the diet kitchen has been added after the hospital was completed, we find it situated in the basement, or even in a separate building. In the modern hospitals architects are carefully studying the situation, and now the most favored location is on the top floor, or one of the upper floors of the building in which are situated the rooms for private patients. In this way the odors and noise from the kitchen are not carried through the whole building, and since the kitchen is near the rooms, the nurses are enabled to carry the trays without delay to the patients as soon as they are served, thus assuring hot food which has not been spoiled by long standing.

The disadvantages of this upper floor situation should also be noted, for it is not always pleasant to have food supplies, ice, garbage, etc. carried through the halls in which are situated the patients' rooms. This can be obviated, to a certain extent, by having an elevator shaft connecting the diet kitchen with the basement or with the main kitchen of the hospital.

The size of the diet kitchen and its equipment are two questions of importance. A large room with plenty of windows is necessary, since from six to twelve nurses beside the dietitian and one or more maids will be constantly working in the room. Several small rooms opening off of a main room will be found to be an advantage, one room to be used for supplies, one for the refrigerators, and one for the dietitian's office, where she can have her desk, away from the heat and noise of the kitchen. A separate sink room where the maids can wash all the soiled utensils and dishes, is an advantage. All the instructing, and the

preparation of the food is done in the main room, and it should be as free from confusion as possible.

The diet kitchen must be equipped with one or two good gas ranges and a gas broiler. Two large copper kettles, heated by steam, one for soup and one for vegetables are desirable, also one or two coffee percolators, heated by steam. Ample table space must be provided where the nurses can work while they are preparing food, and a convenient rack or table for the trays. A long table down the center of the room, wide enough to hold two trays, is a good plan, as the trays are easily set and handled in this way. A large steam-table used to keep the food hot while it is being served is a necessity. Refrigerators and the usual equipment consisting of the small utensils and implements must of course be included. Aluminum will be found very durable for the larger pots and kettles. An electric attachment for freezing ice cream saves much time in a hospital where ice cream is being made daily.

A few words may be added here as to the special equipment for the nurses. Each nurse should be required to carry into the diet kitchen a clean apron and clean cuffs, as she is apt to soil those she is wearing while preparing food and working around the stove. By changing when she leaves the kitchen, she will appear fresh and clean as she passes through the halls of the hospital. Each nurse should have attached to the belt of her apron a small hand towel, and a stove holder made of some heavy material. This may be done by attaching each of these articles to a piece of tape with a loop in the end which is slipped over the belt of the apron. Clean hands and fewer burns are the result of this practice.

The equipment of the trays is perhaps the most important point we have to consider in the diet kitchen. The linen which covers the trays should be of good quality damask, or of a heavy plain linen if it is to be hemstitched. The damask covers will be found to stand the laundry better than the plain linen, for the hemstitching, which looks well, is a disadvantage, since the threads soon break away where the hemstitching is done. A very practical tray cover can be made from damask scarfing, which comes by the yard. It comes in several widths, and may be cut to fit the size of the tray. There will be two selvedge sides, and the other two sides are hemmed on the machine. These covers can be made of good damask at a cost of from 23 cents to 25 cents for each cover.

The trays themselves should be of aluminum or white papier maché. Both have some disadvantages. The aluminum acquires a black oxidation on the under side of the tray, and unless this is removed

frequently by washing, it will leave a mark on the table both in the kitchen and in the patient's room. The papier maché trays are apt to bend and even break if carelessly handled, but on the whole they are the most satisfactory, as they are light, cheap, and easily replaced.

The dishes which are used on the tray should be of attractive design and of medium weight. The breakage of china in a hospital is usually large, and in many hospitals the management makes an effort to eliminate this by supplying heavy china, which is not only unattractive, but weighs down the tray unnecessarily. This is a mistake as the attractive appearance of the tray has a decided effect on the appetite of the patient, and every thing should be done to make it as attractive as possible. The difference in breakage between the heavy china and a lighter grade is very slight and the difference in appearance far outweighs the difference in cost. A considerable amount of china is bound to be broken when a large number of dishes are being handled together, but it will be found that a dish seldom breaks unless it is dropped, and a heavy dish breaks almost as easily as a light one when actually allowed to fall. One way of reducing the breakage as far as the nurses are concerned, is to have each nurse replace at once from the store-room every dish which she breaks.

All dinner plates on which the hot food is served should be covered, preferably with metal silver plated covers. These covers may be heated before the meal is served in a steam heated closet. Silver plated dishes are excellent for serving meat, as they retain the heat longer than china. Tea and coffee pots should also be of plated ware.

Damask napkins of medium size should be placed on each tray, and these together with the tray cover must be changed at every meal. Many hospitals only change the napkins once a day, and in this case the napkin is left in the patient's room from one meal until the next. This method has its disadvantages, as the nurses are apt to neglect to collect the soiled napkins, and the consequence is that they accumulate in the rooms and a shortage results. A clean napkin at every meal is preferable from every standpoint. The practice of using tea napkins at breakfast and supper, and a large napkin at dinner is a good one. The tea napkins are small, inexpensive, and easily laundered.

Open sugar bowls for powdered or granulated sugar are most insanitary, although we find them on the trays in many hospitals. The sugar bowls of course become mixed when the trays are cleared and reset, and the consequence is that the patients get a bowl into which another patient has dipped his spoon at a previous meal, for it is expensive to empty out the sugar each time and put in a fresh supply. No food material of any kind which comes off the tray should be put

back on it again unless it is carefully covered and protected from contamination. Glass sugar shakers with plated screw tops perforated with large holes, are most satisfactory. They take up but little room on the tray, are sanitary, and easily kept clean by wiping with a damp cloth.

In many cases the bread and butter plate will be found to take up unnecessary space on the tray, and to avoid over crowding, this plate may be omitted and the bread and crackers placed in a waxed paper envelope, such as those seen on Pullman dining cars. This envelope is put on top of the napkin, and the butter on a small butter chip may be placed on the tumbler, thus protecting the contents of the glass also.

The trays for the different rooms are numbered in various ways. The most common method is that of using a slip of paper on which is written the number of the room to which the tray is to be sent. This plan is not always satisfactory, as the paper is easily displaced on the tray, and mistakes are apt to result. The slips are sometimes pinned to the tray cover, but this necessitates extra work in unpinning them when the trays are cleared. Small pieces of cardboard with the number printed on them may be used, as these cards are not easily displaced. A plain wooden napkin ring with the number painted or burned on it is an excellent way of designating the trays.

The serving of the trays in the kitchen is accomplished in various ways. One of the most convenient methods is to have all the diets classed together either as regular, soft, liquid, or special. These diets may be listed with the number of the room to which they are to go, and the list referred to by the nurses as each tray is served. If the list is written on a blackboard, placed in a convenient place in the kitchen, it is an easy matter for the nurse to refer to each diet, by glancing at the board, while she is serving the tray. The special diets should be served last, as they generally require special care and attention.

In many private hospitals, where extensive menus are provided, and where the patients may order whatever they wish, it is a good plan to have printed menus, similar to those used in hotels. These may be sent to the patient's room, and the patient, nurse, or doctor check off on the menu such articles as may be desired. The menus are then returned to the diet kitchen long enough before the meal to allow any extras, not on hand, to be provided and prepared. When this method is followed the dietitian can call out, from the menu, the different dishes desired, and the nurses set and serve the tray accordingly.

The efficient distribution of the trays is a problem which must be worked out by each individual hospital, as it is influenced by the architectual plan of the buildings. When the diet kitchen is situated

on the same floor with the patients' rooms, the distribution of the trays is easily accomplished, for they are carried directly to the patient as soon as they are served. It is a good plan to have all trays carried by probation nurses, who are working outside the diet kitchen, as the nurses in the kitchen are busy, and the general floor nurses have not the time to carry trays. There should be at least one probationer on every floor whose duty it is to carry trays to and from the rooms. There will be less confusion in the kitchen if the patients on general floor care are served first, and those with special nurses served last. If the special nurses are required to stand in the hall outside the kitchen, until their number is called there will be no confusion and fewer mistakes. When the diet kitchen is on a different floor from the rooms, dumb-waiters must be resorted to for carrying the trays. Several kinds of dumb-waiters are in use for this purpose, each having its advantages and disadvantages. Those operated by electricity, and controlled by a push button are often seen, but they are not sufficiently perfected as yet to always secure good running order. They are frequently getting out of order, becoming stuck in the shaft, or else something goes wrong with the current. When any of these things happen while a meal is being served, the tray must be carried up or down stairs while the elevator is being repaired. The old fashioned dumb-waiter, controlled by means of a rope, will be found to be very satisfactory, as it seldom gets out of order. This is easily operated if kept in good running order, and accidents will not occur if the rope is watched and renewed when it begins to wear.

In cases where the diet kitchen is in a separate building from the rooms, or where the rooms are in a distant wing, too far to carry trays, we have quite another problem to face. The question arises as to the best method of keeping the food hot while in transit. The electric heated food carriage may be employed here to great advantage. It consists of a metal box on wheels, entirely enclosed, and with sliding doors. Inside are shelves for the trays. The air in this compartment is heated by means of electricity. A plug attachment on the carriage fits into any ordinary electric light socket, and in this way it may be attached and heated in a short time, and disconnected when ready for use.

In the ordinary diet kitchen where the nurses do all of the cooking and serving, it is not practical to try to serve more than fifty or sixty trays in the kitchen itself, for it cannot be done properly. When a larger number is served from one place, the result is that the last patient served gets his tray perhaps an hour or more after the first. Since regularity in meals is necessary in a hospital some other method must

be devised whereby all the trays may be served simultaneously. This can be done by having all the food prepared in the diet kitchen, and then sent in bulk, in a heated food carriage, to the different ward kitchens, where the trays for that particular floor are served. Each ward kitchen should be in charge of a diet nurse who has previously had instruction in the diet kitchen. In this way the trays may all be served at about the same time. The disadvantage is that the dietitian does not see all the trays served, but if she has trained the diet nurses carefully in the diet kitchen, and visits the ward kitchens, one at a time, during serving hours, few mistakes will occur.

The waste of food material is a problem which the average hospital has great difficulty in solving. To a large extent it is not possible to avoid a certain amount of waste on account of the varying conditions present in the hospital. Since the number of trays fluctuates each day, or rather with each meal, it is difficult to calculate closely the amount of food necessary. The dietitian must always be prepared for several extra trays, as anywhere from five to ten new patients may come in, say, an hour before a meal. On the other hand, instead of new patients coming in several may go out, and in this case the extra food is wasted, as it is hard to use up small left-overs in a hospital. Certain staples such as broth, custard, and wine jelly must be kept on hand constantly, ready to be used at a minute's notice, and since these articles are perishable they are wasted unless used soon after they are prepared.

Another cause of waste arises from the fact that the food is being prepared by nurses who know nothing of cooking when they enter the diet kitchen. Mistakes are bound to be made while they are learning, and one dietitian, even if she has an assistant, cannot watch the work of six or eight nurses all the time. Since the food must be sent to the patients in perfect condition, the spoiled dishes are wasted. This may be avoided by giving the nurses a practical course in cooking before they enter the diet kitchen to prepare food for the patients. Then the experimenting is done on a small quantity of food in the practice class instead of in large quantities in the diet kitchen. When the nurse has had a course in cooking before entering the kitchen, she is enabled to prepare the various dishes from recipes without demanding the attention of the dietitian every minute. The recipes for the diet kitchen often prove themselves to be a difficulty. Most dietitians make out their own recipes from well known cook books, in the quantities necessary for the particular diet kitchen of which they have charge. It is rather difficult to decide in what form these recipes should be given to the nurses. Many hospitals use cook books or a blank book in which the recipes have been written. The books are passed out among

the nurses for use in preparing the food, and the consequence is that the books soon become soiled and torn with constant handling. In order to avoid this, a most excellent device is the card index system. A drawer and cards, such as those used in libraries, is procured, and the recipes written on the cards are placed in alphabetical order. It is then easy to turn to the recipe desired, and the card may be given to the nurse who is preparing that special dish. When she finishes, she puts the card back in its place, provided she has kept it spotless. If she soils the card in any way she is required to copy the recipe on a fresh card, printing the directions as she would do for a chart.

We have now covered the most important problems which are apt to present themselves in the diet kitchen. There are others of minor importance, which it would take pages to discuss. The dietitian herself often proves to be a problem to the hospital, for good dietitians are few and far between. The efficiency of the dietitian, however, is outside our present field, and the problems connected with her, as an individual, go to make up quite another story.

Very few of the nurses who are engaged in public health work today have had the necessary preliminary training to fit themselves for this most important work. This also applies to the health officers. Most of the nurses in the field are successful in the work, but it is not because of the training they have had. They are successful in spite of it. They are naturally adapted to it. They are in the work because they have seen opportunities that others have not seen. They have been alert to grapple with the new problems and these nurses have trained themselves at expense of time and energy and often the progress of the work. The success of public health work has been interfered with frequently because of the lack of training of the workers. We need training schools which will meet the new demand; which will prepare nurses who care to enter this newer field; and which will set a standard so that all our nurses will be trained alike and along correct lines. Without them we are going to fall into many errors. Each nurse will develop her own standards and ideas of efficiency, her own methods of handling the problems she meets, and before we are aware of it, we shall be hopelessly mixed. We shall have no uniformity and no standards. We cannot afford to let each one do this for herself. We need standardized uniformity in training and methods of carrying on the work. Our training schools can alone furnish such standards.—*Wm. DeKleine, M.D.*

REACHING THE RURAL MOTHERS THROUGH LECTURES

By ELIZABETH RENNERT, R.N.
New York, N. Y.

Everywhere we find a growing interest in the welfare of babies and older children, manifesting itself in national and local baby weeks, baby contests, etc., and particularly through the frequent requests for information of value to mothers, either in the way of literature or lectures. Rural mothers are particularly keen for information having a personal note, since they must of necessity rely to a great extent upon periodicals, instruction leaflets, etc., through the mail, giving no opportunity for questions and discussions without entailing extra efforts and sometimes long, tiresome delays.

In order to bring the women of the rural districts into a closer relationship for the purpose of working out the problems of the farm home, and to facilitate the recognition of the value of the woman's part of the home partnership, a Home Economics Department was organized in connection with the Erie County Farm Bureau of New York State.

This department endeavors to prepare the housewife to conduct her various duties in an intelligent and efficient manner with a minimum of drudgery and a maximum of comfort, thereby allowing some leisure for congenial interests and recreation. It does not conflict in any way with the Extension Work of the State College of Agriculture at Ithaca, the departments coöperating, the former, however, having purely local interests. The department is in charge of a domestic science teacher who meets with the club members at stated times for demonstrations, lectures and discussions of home management, conducts correspondence, and with other elective members, represents the club interests at the executive meetings of the Farm Bureau.

A yearly program is planned by the different local clubs, allowing sufficient latitude for various interests, which include papers on household duties, followed by discussions on methods and conveniences; also on travel, or topics of general interest, and occasional musical numbers. Usually a particular topic is chosen to be carried throughout the year, different phases being discussed at each meeting, the other subjects varying from time to time. While many of these clubs were of recent organization, it soon became evident that the subject of the "welfare of babies and children" was the foremost topic and of vital interest everywhere. Many requests came to the manager for information on this subject. The coöperation of the State Department of

Health was solicited, with the result that a nurse was supplied from the Division of Child Hygiene for three weeks during the month of April, for lectures to these clubs, of which there were thirty. A few dates were cancelled due to unavoidable local reasons, while in several instances, small clubs in close proximity combined, leaving twenty-three lectures delivered.

In most instances the clubs were widely separated, and owing to infrequent railroad service, and bad roads, due to the frequent heavy rains and fast melting snows of spring, travel by automobile was impracticable and it was found impossible to give more than one or two lectures a day. Due to later seasonal duties, this was found to be the most opportune time of the year for a majority of the members. The results were well worth the time and effort expended, when one considers the interest which impelled members to drive sometimes five or six miles over bad roads with horses often required for working purposes on the farm. In at least one instance, the writer knows of a member walking three miles each way, while with but two exceptions, it rained each day during this period. The attendance varied, twenty-five to thirty being the average.

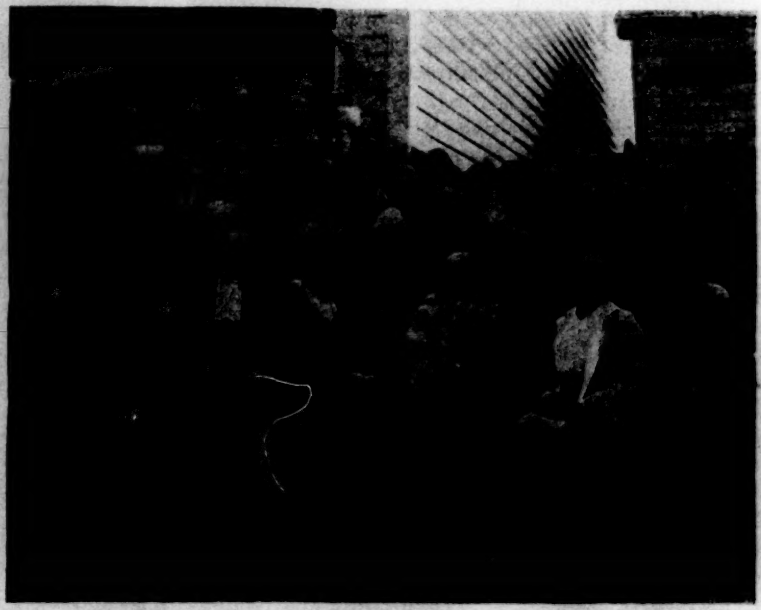
The original plan was to discuss two subjects, "Care and feeding of infants" and "Advisability of instruction in sex hygiene" (the latter subject by special request); but due to an evident desire to learn of everything and anything pertaining to the welfare of children, it was deemed advisable to include other subjects within the scope of a nurse. These included instruction on feeding, proper clothing, demonstrating the latter with an outfit for the purpose, the value and necessity of birth registration, the dangers of the diseases of childhood, their symptoms, and the prevention of contagion, school medical inspection, and the need of coöperation on the part of parents to render it of value, the importance of prenatal instruction in relation to breast-feeding, and the conservation of life of mother and baby, due to proper care and supervision at birth. Also Little Mothers' Leagues were discussed, the beneficent results for the baby of today, and their value for our future mothers.

Contrary to the expectation of giving short talks, they developed into quite lengthy ones, followed by discussions on the subjects as well as requests for information regarding home nursing, health laws, etc.

It is the earnest endeavor of the State Department of Health to bring to the mothers of rural districts in a personal way, the same advantages enjoyed by those in large towns and cities, by seeking opportunities for coöperation commensurate with the small staff of

nurses at its disposal. This was regarded as an important field for invasion and it is hoped other rural clubs will accept these opportunities waiting within their grasp.

While quite obviously those seeking knowledge in this way are among the more intelligent in rural districts, as elsewhere, it is also to be supposed that they will carry their knowledge to others less fortunate or wherever the need may be felt. The discussion of infant feeding naturally brought to light considerable ignorance on the sub-



A CHILD WELFARE MEETING

ject, particularly regarding the dangers of patent foods and condensed milk for continued feeding. The clothing displayed, while exceedingly simple and inexpensive, awoke interest and admiration. School medical inspection talks brought out the fact that there still exists some misinterpretation of the state law relating thereto. Prenatal instruction and proper supervision in childbirth were agreed upon by all as very important and necessary work, many were able to quote cases of neglect which had ended disastrously and regretted the lack of such advantages in rural districts, where, due to the long distances

to be covered by the busy country practitioner, such knowledge and supervision are of the utmost importance.

Regarding Little Mothers' Leagues, wherein girls are taught the essentials of infant care, they were quite unanimous as to the superior value of this instruction for schools girls, regardless of their circumstances in life, in preference to other branches often cast into oblivion upon graduation. Many regretted that such instruction was not available when they were young; in several instances mothers wept while these subjects were discussed, sad testimonials of the hit-or-miss methods of rearing children which prevailed until recent years.

The subject of the advisability of instruction in sex hygiene was discussed from the standpoint of home instruction rather than class instruction, and possibly for this reason did not meet the opposition usually encountered, in spite of the fact that rural ideas are somewhat more conservative than in the larger centers, where such subjects are more freely discussed. The most flattering interest was displayed and this refers to elderly women as well as the younger ones; advice was sought as to the best methods of preparation by the parent for such instruction, and the best literature obtainable on the subject. Many had already instructed their children as far as seemed needful for the time being, and expected to continue the instruction as occasions require. The impression gained was that objection to this instruction is not so much due to the subject itself as to its discussion in schools or groups. Here, too, some deep feeling was displayed regarding mistakes in past methods, when, like the ostrich, parents kept their heads hidden as a protection against danger.

It was suggested that children be taught the development of plant life, later that of the animal kingdom, which comes quite naturally to children in rural districts; then if parents are the companions and confidants of their children that they should be, they can at opportune times bring a knowledge of the mysteries of human life to them in a pure and reverent manner, teaching them that the body is a temple to be held sacred to God's purposes, and to understand that "a natural law is as sacred as a moral principle." It then becomes very simple to explain the consequences of abuse of health and hygiene, teaching sex health rather than a morbid knowledge of sex immorality, whenever such additional instruction may seem advisable.

Emphasis was placed upon the need of a single code of morals for men and women, the parents' responsibility in teaching lessons of self-control and repression to boys as well as to girls; also woman's influence in upholding this standard, and the value of teaching children

during the formative period, if the rights of future generations are to be respected.

Appreciating that this instruction may be beyond the ability of some parents, there is no doubt that, with rare exceptions, they may be relied upon to try to keep their children pure in thought; then why not endeavor to equip the parent through a broader discussion of best methods? If the child's natural desire for knowledge on this subject cannot be satisfied through parental confidences, are we not in danger of destroying one of the strongest ties that bind the family together, that inner spirit which prevails in the true home, thereby leaving the parents' duties simply those of supplying food, clothing and shelter?

Through this desire to teach every subject under the sun to children in the schools, are we not likely to weaken the influence of the parent toward the up-building of character? Is it not advisable to retain a few duties for the many parents who enjoy their responsibilities?

In reference to lecture work in rural districts, the nurse should be willing to make some concessions to the inconvenience of travel, time consumed, etc., but the quality of interest displayed might well encourage other efforts along this line. These talks, like those in connection with health exhibits at country fairs, present the best methods of reaching rural women in a personal way, and afford the nurse an opportunity to better understand the problems which confront the rural mother (often not dreamed of by city dwellers), and leave her better equipped for the many duties being constantly added to those of a public health nurse.

The public health problem is not entirely a scientific problem viewed from the standpoint of scientific medicine. It is much broader. It includes a study of social questions and their relation to disease, as well as a study of the application of the strictly scientific principles. The public health nurse must have a broad knowledge of the working and the application of all the useful social activities that make for a better people as well as a healthier people. Besides being a trained nurse, she must be a teacher; a social worker; a broad minded, well balanced, kind hearted and sympathetic individual, whose highest ambition it is to help a suffering humanity. She must have the viewpoint of the private nurse and a broad knowledge of her relation to the public health field.—*William DeKleine, M.D.*

THE DEVELOPMENT AND VALUE OF A NURSES' REGISTRY[1]

By JULIA MELLICHAMPE, R.N.

Some time ago, a young graduate asked me if I would tell her the good of organization. For reply I referred her to an illustration Miss McIsaac had used at one of our annual conventions:

> All the great works of mankind are the result of correlated effort. Our training schools and hospitals are the result of organization. So is our wonderful international postal system, the agreement between all civilized nations and some half-civilized nations that no nation will interfere with the mails of another. We drop a letter into the mail-box, and if it is properly stamped and addressed it goes to our friend who is a missionary, perhaps, in China. That means wonderful organization, confidence in one another.

Again I explained that the legislative act for the compulsory registration of nurses could not have been won, as it was twelve years ago, had it not been for the unity of purpose and effort on the part of members of the Graduate Nurses' Association of Virginia. To bring the illustration still closer home, I told her that the registry through which she was getting her calls for work was a direct result of organization.

The object of this paper, however, is to present a few practical suggestions to those who may be planning local registries, and this I shall endeavor to do from my experience on the Registry Committee in Norfolk. Central directories are past the experimental stage, so I shall try to show only some of the essential points involved in establishing a directory or registry.

The development of a local registry, in my opinion, should be considered in four ways: first, its organization; second, its administration; third, its membership; fourth, its value. Its *value* must be studied from its relation first, to the community; second, to the physician; third, to the nurse; fourth, to the nursing profession; fifth, to the local nursing association; sixth, to the state board of examiners of nurses.

In considering its organization, the general consensus of opinion is that a registry should always be under the control of the local nursing association. Dr. Marion Mead said at the St. Louis Convention, "A registry without the support of the majority of nurses soon becomes a commercial agency, and an organization too weak to undertake the responsibility of a registry soon dies of its own inertia."

[1] Read before the Graduate Nurses' Association of Virginia at Roanoke, May 25, 1915.

The administration of a registry should be left to the registrar and a small consulting committee of three or five nurses, with preferably as many as possible of the training schools in that locality represented, on what is termed the Registry and Credential Committee. In Norfolk, the chairman of this committee is elected annually by ballot and is a member of the executive committee of the Norfolk Association, while the president of the association is a member ex officio of the registry committee. The chairman should preferably be a nurse whose work will permit her regular attendance at meetings and who can be available at short notice for consultations. This committee is perhaps the most important of the association, and should be empowered to carefully investigate and file records of state registration and credentials of each applicant for membership in the local association and registry before submitting the application to the association for vote; to notify the registrar *in writing* when a new member is permitted to use the registry; to consult with the registrar and refer to the association all matters of serious import to the registry; to secure her salary to the registrar by summarily handling nurses who fail to pay their dues; to keep in sympathetic touch with the registrar; to receive and, in conjunction with the executive committee of the association, if necessary, to consider any complaint against any member and to make final disposition of same unless it be necessary to refer it to the association as a whole. In Norfolk, so far as I know in the past eight years, which period marks the age of our registry, no case of any complaint has been carried to the association after the decision of the registry committee, and only once has it been necessary for us to consult our medical advisory board.

The active membership of the registry should consist only of registered nurses, but should be open also to hourly visiting nurses, male nurses, care-takers or non-graduates, and masseurs, so that the registry may be the recognized central agency for nurses of all classes. The greatest care will have to be exercised in the matter of credentials for care-takers and their use of the registry, and their names should not be given out except when there is a call for that class of workers.

The value of the registry is six-fold as I see it. To the community it affords ready access to all classes of nursing service and vouches for the moral and professional fitness of each of its members. By taking hourly visiting nurses and non-graduates, a registry will do much towards solving the problem of how to care for people of moderate means. Furthermore, it affords financial protection by its regular tariff of fees for various branches of work. In short, the nurses' registry should be the professional clearing-house for the community.

To the physician it offers quickly a list of all nurses available for work and permits him to choose from any school. It has the additional advantage of his simply stating the nature and location of his case, giving his preferences of nurses, if he has any, and then leaving the detail work of filling the call to the registrar. This feature of the registrar's position is an important one, and one that all registry committees will do well to consider, inasmuch as it will help eliminate most of the unnecessary delay and annoyance to the physician and registrar incident to the failure of the nurse to register "out" promptly when she receives her call from the physician instead of from the registrar. Also, it will be a means of letting the nurses realize how much the registry means to them, for otherwise they do not always know that the physician called the registry for a list of names before selecting his nurse.

To the nurse it will offer opportunity to specialize to a greater degree. There is no reason why a nurse should not prefer, and confine herself to, certain branches of work just as physicians do. By the use of the registry she will be able to register against certain types of work with less risk of the old criticism on the part of the physician. The registrar, knowing the nature of the case for which there is a call, will read only the names of those taking that class of work. Or, if the call is left to the registrar, the same protection obtains. Furthermore, it will serve frequently to avoid any friction between physician and nurse.

By way of illustration let me cite two incidents that have come under my own observation. A physician called for a list of those registered "in." Upon being asked the nature of the case he replied, "Medical." The registrar reminded him that medical included several types and that some were registered against certain medical cases. He then said, "Well, it is not contagious." The list was read to him. He selected a nurse and did his own calling. In a few minutes the nurse called to ask the registrar why her name had been given out for a delirium tremens case when she was registered against that class of work, saying also that the physician had resented her reluctance to take the case, which proved to be in a hotel. The patient also had syphilis. Representative physicians have told me that they do not think it right to ask a nurse to take such a case in a hotel.

On another occasion a nurse had registered "in" after a long, hard case. She could not stay indoors indefinitely waiting for a call, and therefore went out for an outing, leaving with her landlady instructions as to how she could be reached by telephone (and just here I want to say that it is always wiser to notify the registrar in such instances). During her absence a physician called the registry and selected the

name of this nurse (he did not take a second or third choice in order to avoid any delay) and then chose to do his own calling. Upon being told that she was out for a while, and without waiting to hear further that she could be reached by telephone in a few minutes, he called the registry, took another name, and called a second nurse. Within ten minutes from the time of his first call the first nurse (having been notified by her landlady that a physician had called for her but would not wait) called the registrar to know which physician had asked for her. Being told, she telephoned him, only to be told that he had "gotten another nurse *now*." Had the calling been left to the registrar, the physician need not have known that the nurse was out and she would have secured the case. Frequently, too, hospitals and physicians in need of nurses for hospital and office positions consult the registry, thus enlarging its sphere of usefulness. Furthermore, the young graduate and the out-of-town nurse who are wise enough to identify themselves with such a registry are at once put into touch with representative physicians and nurses. The value of all this to the nurse is obvious.

To the nursing profession it offers greater opportunity to educate the public to appreciate the value of registration and in other ways to safe-guard its ideals. State registration has as its aim raising the educational standards of training schools and of the applicants entering them. It is only in this way that the public can be protected against incompetent nursing, and the public certainly has a right to demand this protection from our profession. State registration is meant to be the state's guarantee of efficiency and the registered nurse should be possessed of such dignity and knowledge as will enable her to be such a splendid exponent of registration that the public will easily discern the difference between the well-trained nurse and the non-graduate. Logically then, the private duty nurse who is registered, coming as she does constantly in contact with people of means and influence, has a splendid opportunity to awaken public interest in nursing education.

To the local nursing association it should be a means of engendering a broader spirit of fraternalism and coöperation, for since medical men are learning more and more that they can secure more efficient nurses by using the registries under the control of nursing organisations, it behooves such organizations to stand loyally by their registries.

To the state board of examiners of nurses it is a great factor in reporting cases of undesirables and of those who are evading the law either purposely or through ignorance, thereby aiding the board to fulfil its mission, namely to see that registration is the state's guarantee of efficiency. My experience has taught me that close coöperation

between the local association and the state board of examiners is essential to the organization and life of the registry.

The selection of a registrar is of paramount importance. It is the registrar with whom the physicians and the public have their dealings, and therefore satisfactory service is largely dependent upon the tact, patience, and interest shown by her in their calls. She should be a woman of education and business ability, possessed of a sympathetic appreciation of the aims and ideals animating the medical and nursing professions, and should be versed in professional ethics, for without the latter qualification she will be unable to recognize and to handle with tact, keen judgment, and dispatch the many ethical situations that arise. Generally, then, the position of registrar can best be filled by a registered nurse, yet this would sometimes mean that a nurse would throw away, to some extent, her years of training for active nursing work; on the other hand, I do not think that a nurse incapacitated for active work should be given such a position merely through a sense of fraternal loyalty, unless the nurse in question possesses, in addition to ethical qualifications, initiative and business and executive ability. In every case I would give my vote to the candidate who possessed the best all-around qualifications for promoting the efficiency and growth of a registry, whether she were a nurse or not.

The duties of a registrar are varied and trying, hence my saying that the registry committee should keep in sympathetic touch with her. No incompetent woman should be elected to such a position, and having elected a competent one, the registry committee should stand solidly back of her and work with her in all her efforts to build up the service. A progressive registrar can, with the proper coöperation of her nurses and the registry committee, make her office a general bureau of information and service. One should find there a list of enrolled Red Cross nurses in that locality, with the rules governing enrollment for Red Cross Nursing Service, Army and Navy Nurse Corps and information concerning state registration. I think it was suggested in the AMERICAN JOURNAL OF NURSING sometime ago that the registrar might properly and profitably be a notary public and also take subscriptions for representative nursing journals. In short, the registry will be just what the nurses choose to make it, first by their choice of a registrar and, second, by the support and encouragement they give her.

State registration laws wisely drawn and enforced, and well managed local registries are, to my mind, two things which more than anything else demonstrate the integrity of the nursing organizations conceiving them.

DISEASES OF THE THROAT

By CHARLES R. C. BORDEN, M.D.

Boston, Massachusetts

Acute tonsillitis is one of the most common diseases. Certain individuals are subject to its discomforts one or more times each year. Besides the soreness and difficulty in swallowing, there is usually a high elevation of temperature and considerable toxaemia manifested by backache, etc. Tonsillitis, in itself, is not a dangerous illness. It is a self-limited disease like scarlet fever, pneumonia, and typhoid fever. That is to say, when once developed it cannot be aborted. Certain text books claim it can be aborted, but I have yet to see a remedy which will accomplish such a result. It occurs at all seasons of the year but is most common in the colder months. It usually follows exposure to cold or wet, but occasionally arises without apparent cause.

Tonsillitis is a disease of young adult life but is seen in young children and occasionally in adults of mature years.

Acute tonsillitis is usually diagnosed without difficulty and is treated in a variety of ways, any one of which is about as good as another. Peritonsillar abscess, on the other hand, is often not diagnosed properly and the unfortunate patient suffers needless torture.

Peritonsillar abscess is not a disease of the tonsil but of the tissues behind and above the tonsil. Infection and inflammation take place in the space surrounding the organ. When pus has formed, the tension and pressure cause great suffering. The symptoms of peritonsillar abscess are much the same as tonsillitis in the early stages. Soon, however, the soreness and pain become greater. After several days the patient is unable to open the mouth and the pain becomes of a character which is almost intolerable. Ear ache is a frequent source of discomfort at this time and it is not infrequently mistaken for mastoiditis. The condition exists as long as the pus is confined which may be several days or as long as two weeks. After a time, the abscess breaks and a large amount of pus suddenly escapes. The relief from pain is usually immediate.

Allowing a patient to suffer day after day from a peritonsillar abscess is a very cruel practice, for it is easily opened as soon as the pus is formed. It is often a rather ticklish performance to one unaccustomed to it however, for the reason that the patient usually cannot open the mouth wide enough to allow a good view of the swollen structures.

There is no excuse for the physician who allows his patient to have repeated attacks of either tonsillitis or peritonsillar abscess. The modern tonsil operation removes forever the cause of either disease. I have never known either to recur after the tonsil had been thoroughly removed. *If the attack does recur, the tonsil was not completely removed.*

What are the indications for removing the tonsils? In general, whenever the tonsils are chronically diseased. The age of the patient makes little difference. Repeated attacks of tonsillitis or peritonsillar abscess, enlarged glands in the neck, frequent sore throats, attacks of rheumatism or neuritis, the various heart lesions in childhood, chorea, indigestion, etc., are all frequent and excellent causes for removing the tonsils when the organs are diseased.

Is the tonsil operation a dangerous one? Most decidedly it is. What is the danger? Post-operative hemorrhage. The modern tonsil operation is a far more serious procedure than it is usually considered. If it can be avoided, it should never be performed in a private house. It is distinctly a hospital operation. No physician should attempt to perform this operation unless he is able to ligate a bleeding vessel in the tonsillar space or to suture the tonsillar pillars together in case of hemorrhage. I know many surgeons who will perform all manner of major operations upon other parts of the body who could not be hired to touch a tonsil operation. Yet many physicians with little or no surgical training feel competent to perform it practically alone in private houses. The modern tonsil operation consists of removing the entire tonsillar organ. Nothing short of this will suffice. There are dozens of methods for removing the tonsil, and all manner of instruments have been devised for the purpose. Any method which does it cleanly and without mutilating the tissues may be employed. The sharper the instruments used, the less soreness follows. Blunt dissection was formerly supposed to be attended with greater safety. Such a theory is no longer held to be true by advanced operators. There is one method of removing tonsils which I believe is to be utterly condemned from every standpoint. That is the method of tearing the organs out with the end of the finger. This method offers no degree of safety over others and the attending swelling and discomfort make it inexcusable, though I must admit it is practiced by several specialists of great reputation who claim great virtue for the operation. Why such eminent men cling to this barbarous operation is beyond my comprehension.

The nurse who suddenly has a tonsillar hemorrhage to care for is in a position of great responsibility. What shall she do? If the hemorrhage is slight, place an ice collar upon the neck, keep the pa-

tient quiet and notify the physician in charge. Don't take chances with tonsillar hemorrhage no matter how trivial you may consider it. The bleeding may be more than you realize and your patient may suddenly collapse. Patients often swallow much more blood than attendants realize. Suddenly vomiting occurs and the attendant is horrified to see the amount of fresh blood which comes from the stomach.

If blood suddenly and without warning begins to pour from the patient's mouth, prompt and efficient action is demanded upon the part of the nurse. In such an emergency the best thing to do, which I know of, is to wrap the index finger with a thin layer of gauze, insert the finger into the mouth and hold the hemorrhage by pressure upon the source of the bleeding. When the tonsil is removed there is a very sizable cavity left behind. The bleeding occurs from a vessel or more than one vessel situated within this hole. If the space formerly occupied by the tonsil can be located with the tip of the gauze-wrapped finger, the hemorrhage can be controlled indefinitely. Several weeks ago a highly efficient nurse held a tonsillar hemorrhage in one of my patients for forty minutes, when it ceased and did not recur. This hemorrhage took place in a child, eight years of age, six hours after the operation. No further bleeding occurred. This was the first hemorrhage to occur in my practice for nearly three years and came about from no apparent cause, yet the following week a child died in the Boston City Hospital from tonsillar hemorrhage in spite of all efforts of the specialists and general surgeons to prevent it. This is the only case, to my knowledge, which ever died in that institution from tonsillar hemorrhage though probably more than fifty thousand such operations have been performed there. In the above case of death mentioned from tonsillar hemorrhage, it is only fair to state that there were certain elements in the case which we do not fully understand. I am very sure that all specialists have some fear of tonsillar hemorrhage. The greatest ear, nose, and throat specialist I ever knew feared a tonsillar hemorrhage more than anything else in his professional work.

Often the only way to stop a violent tonsillar hemorrhage is either to suture the tonsillar pillars together or to locate the bleeding vessel and ligate it. The former is the easier method in the average case. Suturing the tonsillar pillars is not a difficult procedure to a trained operator but would be a tremendous task to one not familiar with the work. The patient must be etherized—otherwise it is almost impossible to accomplish the feat.

Adenoids are organs almost identical with tonsils in form and structure. They are situated at the junction of the nose and throat.

This is at the extreme upper part of the throat which lies behind the soft palate. Most people think adenoids are abnormal growths. This is not true. They are normal tissues, but they very frequently become so enlarged that they are a menace to health.

Enlarged adenoids occur mostly in children and young adults from one to twenty years of age. They are often seen in children but a few months old, and are also occasionally seen in adults, fifty or even sixty years of age. The consideration of adenoids is a very important subject inasmuch as they cause most of the disease occurring in the middle ear and mastoid in childhood. They are also responsible to a very large extent for weak, undeveloped children who suffer from lack of nasal breathing.

There is no age limit when adenoids are present or absent. Each individual case must be considered by itself. Many family physicians have stated that adenoids should not be removed before the fourth, sixth, or tenth year, depending upon the physician's individual idea of the matter. This is a common and serious mistake. I have seen many middle ear abscesses and cases of mastoiditis result from such advice. Twice within the year I have removed adenoids from three and four month old babies, each time with good results. Frequently children under two years of age require adenoid operations to prevent or overcome middle ear disease.

Ten years ago the Aural Department of the Boston City Hospital was overrun with children having chronic middle ear disease. Today, such cases are comparatively rare in our clinic. This is due to the large number of adenoid operations which are performed there. (More than three thousand adenoid operations were performed last year in the Boston City Hospital.)

Ear aches in childhood are almost entirely due to the presence of adenoids. The same may be said of mouth breathing.

Unlike tonsil operations, the removal of adenoids is practically devoid of danger. I have known of very few cases of post-operative hemorrhage following the removal of adenoids alone. On the other hand, the adenoid operation requires considerable skill to thoroughly remove all the adenoid tissue. No part of an adenoid operation can be seen. It must all be done by the sense of touch. Because of the profuse hemorrhage which occurs at the time of the operation, it must be done quickly. Many such operations woefully fail to remove the entire adenoid mass and the operation has been unjustly accused of failure because of the lack of skill or experience upon the part of the operator.

SAVING THE STEPS OF PUPIL NURSES

By BEA W. GRAVES, R.N.

Seattle, Washington

It has been stated that all nurses are grumblers. Perhaps it is true. To a certain extent it is true of all classes of workers. Few there are who do not complain at some time of their work and surroundings. There is no doubt but that there are many unjust and unreasonable complaints from pupil nurses. On the other hand there are many from just causes. There are also methods of remedying some such conditions and avoiding some of these complaints.

Has every superintendent conscientiously looked over her hospital and investigated all conditions under which the pupil nurses work and felt satisfied with her investigation in so far as she was able to remedy conditions? In nearly every hospital an observant watcher will see nurses continually taking unnecessary steps, performing duties standing which might be accomplished seated, wasting energy, time and health. In some cases it is unavoidable. In other cases a little change in the system of work helps; a little repairing changes the location of a toilet, lavatory or diet kitchen; sometimes a purchase of labor-saving devices in hospital equipment will save the steps of the nurses and eventually be an economy though the first expense be great.

Every nurse off duty for illness is a loss to the hospital; every nurse who starts training and stops because of a break-down in health is a loss; every nurse with broken arches, strained back or varicose veins is a loss. Every means that lightens a nurse's work, that saves steps, that conserves energy is a financial gain to the hospital. So why not investigate all the new methods, all the conveniences, everything that will save the steps and conserve the energy of the pupil nurses? Each hospital has its own problem and each must seek its own remedy.

In a hospital in the middle west, owing to crowded quarters, the chapel was utilized for a ward containing ten beds. It was conveniently arranged to accomplish the routine work, as a bath room opened from it, also a supply closet and medicine chest, but the trays were the difficult proposition. In that hospital the nurses carried the trays.

This ward was served from the second floor diet kitchen. A twelve-foot hall leads from the ward to the elevator or short flight of eight steps leading to the second floor corridor, at the end of which the diet kitchen is situated. In order to carry one patient her tray, a nurse must walk from the ward to the diet kitchen and back, a distance of

seventy-two feet and sixteen stair steps. For ten patients, it meant a distance of 720 feet and 160 stair steps. She traveled the same distance to carry the trays back after the meal was over. To serve the three meals, a nurse must walk 4320 feet and 960 stair steps. Frequently one nurse carried all the trays, sometimes there were two.

This condition existed for two years. One day a graduate nurse of that hospital, observing the countless steps it took to serve those trays and having a sum of money to donate to the hospital, suggested a tray cart to serve the ward trays. It was purchased. It consisted of two decks and held eight regular trays and two medium ones. With the aid of the diet kitchen nurse and by having everything in readiness before tray time, the ten trays were served quickly, placed on the cart, wheeled to the elevator, taken to the ward and served to the patients. The tea or coffee were served in the ward in order to have them fresh, hot, and to avoid spilling. The trays were collected and returned in the same manner, two round trips doing the work of ten as heretofore. The nurse had leisure to administer the P. C. medicines, also to be less hurried and tired for her own meals.

This was the remedy in that case, it might not be the remedy in your hospital. It is probably not advisable to serve private trays by means of a cart, but nearly all ward trays could be served thus, as one can serve the trays quickly from one bed to the other. If it is not advisable to serve trays thus, they surely could be collected with the cart easily, by one nurse in one or two trips.

Why should not these carts be purchased and used in as many ways as possible? Think of the steps in a year they would save, giving the nurses time to do other duties and their feet not being so desperately tired at night. What business man does not make use of all the labor saving machines possible for him to acquire? Can a hospital afford to do less?

Another case in the matter of tray serving is found in this illustration: In a very finely equipped hospital, a wing opens by a hall from the public reception room. It accommodates something over twenty patients when filled. The only diet kitchen is on the opposite side of the reception room through a hall and another corridor, a distance of 50 feet. In serving and returning the trays for meals, at a conservative estimate the distance covered is 12,000 feet or over two miles, and the serving of trays is a very small part of a nurse's daily duties.

The remedy for this is a dumb waiter, the trays to be served from the general kitchen below, where the food for all the patients is prepared. One nurse could set and serve the twenty trays from the general kitchen, place them on the dumb waiter and another nurse could remove

them and serve them to the patients. From the dumb waiter to the various rooms and wards the greatest distance is not twenty feet. Think of the steps that would save!

Many nurses take useless steps because they do not make "their heads save their heels," as the old saying goes. Whether this is from non-systematic training or whether from non-application of training, I cannot say. A suggestion came from a patient in speaking of this. "It seems that the nurses do not try to save their steps. If I were a nurse and a patient at the end of the corridor rang for a drink of water, I should take a tray of several glasses and give a glass to each patient on the way, avoiding many later trips." That certainly would be a wise plan in the early part of the night. A covered pitcher of ice water on a shelf or small table mid-way of a corridor would perhaps save many steps if the refrigerator is located near the end of the corridor.

Then there is the supply making. There are generally a few minutes during the day's work when the nurse has time to pay attention to this. It is similar to the few minutes the busy housewife finds to sit down in the comfortable rocking chair near the mending basket and take a few stitches. We would think it strange to find her standing up darning a stocking, yet how many nurses we find standing up holding countless sponges and pads. Is the nurse any less tired than the housewife? What a comfort those few minutes are to the tired feet.

If there is not enough room in the supply room for more than one nurse to be seated, let the cutting and preparing be done there. At the end of the corridor, behind some screens, arrange three or four chairs with table arms and let this be the work room. The work can be done quickly, quietly and neatly at the same time resting tired feet.

Again there are treatments which can be given as well by a nurse seated, as standing. Take the hot compresses for eyes and ears, for instance. With either an electric or gas stove on a table, a high stool similar to those used by a surgeon in curettement, the nurse could give the twenty minute or half hour treatment as satisfactorily as though she stood during that time. The position could be as erect and military as any soldier's, which strengthens the muscles of the back, but while seated one saves the feet. We would not think of asking a young interne to stand while giving an anesthetic, then why ask nurses who may some day be mothers, to stand for a half hour giving eye and ear treatments which take constant application? We always provide a stool for a surgeon for any case in which he can use one, why not for nurses? It is not only a matter of conserving their strength and health while in training but not to sap their energy and vitality by useless steps and standing on their feet so that at the end of the year's train-

ing they may not be in any way, from a physical standpoint, incapacitated for their life work, whether it be private duty, superintendent, public health nurse or, later, housewife and mother.

I am speaking for that which may be avoided, not that which is necessary.

There is also the matter of charting. It takes many minutes of a nurse's time and should be done while seated. As to the printing of the records, whether the uniformity of the charts pays for the extra minutes it requires to do the printing and which many times means minutes over time, has long been an unsettled question in my mind. Teach the nurses to stand erect while standing, walk erect while walking, sit erect while sitting, but to avoid all unnecessary steps, to perform all duties seated which can conveniently be done seated and to eliminate all the etiquette and red tape that keep a nurse on her feet more than is necessary.

If each head nurse will look over her floor and watch carefully she will discover many changes that will lighten the work and save the steps of the pupil nurses.

May the hospitals of the future see fewer pupil nurses hurrying hither and thither on tired crippled feet with broken arches, strained tendons and swollen veins. Will it not be a happier more contented group or will there be something new of which to complain?

"The work of building up the health of our people is not a narrow field. It means more than just health. Healthier people mean a better people morally. Our state prisons, our county and city jails, our state asylums, our homes for the feeble minded, our reform schools, all are filled with victims, many of whom are there because of ill health, primarily. Disease is responsible for crime of all kinds. It stimulates the brain to abnormal action frequently and crime is often the final outcome. Healthy birth and proper health protection, which will assure freedom from disease, will do much towards making a better race."—*William DeKleine, M.D.*

SOME HISTORICAL FACTS CONCERNING THE HYGIENIC AND THERAPEUTIC USE OF WATER

By BLANCHE PFEFFERKORN

New York, N. Y.

The part played by water in the life of the human race makes an interesting study. In all ages the healing value of water, both physical and spiritual, has supplied a fruitful subject for discussion. The purpose of this paper is to present the attitude of different peoples and different periods on such uses of water as bathing, religion, and therapeutics.

It seems safe to surmise that the history of the bath is coexistent with the history of man. Doubtless, prehistoric people soon found out the soothing and cleansing properties of water. Savage tribes knew the value of the sweat bath. Ancient literature abounds in allusions to the "bath" and "bath house." The first reference to the public bath occurs in the Bible, where "bathing pools sometimes sheltered by porticos" are mentioned. Among primitive people, bathing often possessed some peculiar religious significance. Frequently it is difficult to distinguish between its hygienic and religious use. The earliest and most general form of bathing was in the Nile and the Ganges. The Nile was worshipped by the Egyptians and the Ganges by the Indians. The beneficial effects of the water were attributed to certain divinities, who were supposed to preside over these rivers. The Mosaic law of the Hebrews prescribes the bath for certain specified cases of uncleanliness. The Jew, who had no bath in his courtyard, bathed in the public bath or streams. The high repute in which water was held by the old Greeks is amply illustrated in the writings of Homer. The lovely and charming Nausicaä and her maids, after washing their linen, "bathe and anoint with oil." The fame of the Roman baths has come down through centuries. The present day Turkish and Russian baths, similar to the early hot air baths of the Romans, are believed by many to be outgrowths of the latter.

With the fall of Rome and the decline of Greek and Roman civilization, bathing slowly fell into disuse. Various factors contributed to its almost complete abolishment. In the early days of the Roman empire the "baths" became centers of pleasure and immorality. The condemnation of the public baths by the first Christian fathers was

probably due to this fact. They admitted the usefulness of the bath for cleanliness, but insisted that it should be taken for this purpose only. The introduction of asceticism dealt the death blow to the bath. The contempt for the body, the total disregard of physical comfort and appearance led to an incredible absence of bathing. Along with other movements of the Renaissance came the restoration of the bath. Its revival, however, was neither instantaneous nor general. Five centuries passed before water came into its own as a hygienic agent, or even approached the universal use that existed among early civilizations.

The application of water, as a part of religious ceremonies, seems to be about as old as the hills. Exterior washing to indicate interior purification is an ancient custom, found in heathen as well as civilized systems of religion. The use of Lustral Waters was customary among the Babylonians, Assyrians, Greeks and Romans. Baptism, essentially regarded as a Christian rite, is thought by many to have been administered by the Jews before the advent of Christ. As practiced by different creeds, baptism has a varied significance and different forms. Its physical administration ranges from mere sprinkling to complete immersion.

The belief in physical as well as spiritual purification, through the use of water combined with worship, predominated before the Christian era. Among the Persians and Chaldeans the treatment of disease was in the hands of the Magi, and the existence of holy wells near the temples indicates that ablutions and baths played an important part in the cure. The first hydriatic institutions of the Greeks were of a supernatural character. The temples of Asklepios, located in groves rich in springs and wells, were conducted in a strictly theurgical manner. Hippocrates, in after years, wandered through these same temples. No doubt the tales he heard of the magic water cures later led to the introduction of hydrotherapy in scientific medicine.

Hydrotherapeutics is derived from two Greek words, "hydro," water and "therapeutics," to cure. The history of scientific hydrotherapeutics is long and stormy. Its beginning dates with Hippocrates in the fifth century B.C. Hippocrates understood many of the important physiological actions of water. He preached and practiced internal as well as external hydrotherapy. His views on the hygienic value of water were remarkably modern. Of his dietetic principles, drinking cold water in fevers has survived the longest. Following Hippocrates, and applying and enlarging his theories came such great teachers as Asclepiades of Prusa (100 B.C.), founder of the Methodic School, Agathinus, founder of the Eclectic School, and Celsus, the

greatest of the Eclectics. Asclepiades' successful use of water as a therapeutic agent, gained for him the name of "Psychrolutis." Through his efforts cold water treatment obtained a permanent place in Rome.

The hopes of Hippocrates and his followers were not realized for many centuries. Empiricism, too much theorizing, and inability among physicians to agree prevented rational deductions. Finally the fall of the Roman Empire, and the barbarism of the Middle Ages overthrew all that had been won by the first great teachers. Hydrotherapy was lost in the darkness of mysticism and religious superstition that enveloped the whole of medical science from the fifth to the fifteenth century. The Salernitan school, established in the tenth century, alone retained some remnants of Hipprocratic traditions. Not only disuse, but actual fear of cold water prevailed. An illustration of this fear is the fact that in 1287 the Church ordained "the use of cold water to be modified in religious rites, sprinkling to take the place of immersion, etc., etc." As far as therapeutic treatment was concerned, with the exception of the above school mentioned, water almost disappeared off the face of the earth.

By the end of the fifteenth century a reaction began to take place in Italy directed by Savonarola. The majority of learned physicians, however, were still too busy with doctrine and mystery to give much thought to cold water. Moreover the fact that charlatans included water among their magic weapons added to its disrepute. To one of these charlatans, Ambrose Paré, belongs the credit of giving hydrotherapy its first successful step in surgery.

Ambrose Paré was a member of what was then known as the "Guild of Barber Surgeons," a body entirely distinct from scientific practitioners. Paré assisted at the siege of Metz in the 16th century. There he observed wounds being treated with cold water and incantations, and noted the remarkable results in many cases. He declared, which was a brave statement for that time, "It is not the words of the incantation nor the Cross which did it, but water which cleanses the wound and protects the injured limb from inflammation and contact with other fluids." The use of water in the treatment of surgery began in this period, three centuries before its acceptance by regular physicians.

From the sixteenth to the nineteenth century, occasional examples of medical men who advocated hydrotherapy might be found. Their work differed only in degree, in quality it was much the same, unscientific both in theory and practice. In 1722 Todano and Sanges went to the wildest extremes, claiming to cure all diseases by the liberal use

of cold water. Contrast with this attitude the chary approach of a certain Dr. Krüger, who in 1759 wrote, "I have tried it (water) on three patients with rigor, in which cases I knew not what to do, but not beyond wetting the inside of the hands and striking the forehead with linen fourfold and wetted, but I was not inconsiderate enough to experiment any further in this line." Nowhere was an attempt made to explain the action of water on a physiological basis. Cold water, with a very few exceptions was used empirically. Such explanations as were offered, fitted in with the prevailing pathological theory. It is interesting to note that when hydrotherapy was re-established on scientific foundations, the movement came not from the acknowledged medical world, but through the work of a Silesian peasant, named Vincent Priessnitz and called "Nature's physician."

A new epoch of hydrotherapy dates from the time of Priessnitz (beginning of the nineteenth century). When a boy of thirteen Priessnitz sprained his wrist. He put the injured member under the pump, bound it up with a wet bandage and applied more water as the wrapping dried. He soon noticed a lessening of pain and a rapid subsiding of inflammation. Later, through a series of experiments and observations on the wounds of his neighbors, Priessnitz developed a pathological theory of his own. He believed that disease, both local and general, was a poisonous accumulation, which could be eliminated from the system by cold water treatments and simple dietetic regulations. He established a hydriatic institution, to be conducted according to his principles. While the theories of Priessnitz are now known to be fallacious, much of his practice conformed with modern scientific methods. He initiated the sponge bath, the douche, the drip sheet, and various other water treatments. He also invented many hydrotherapeutic appliances. The fame of his work spread. Gradually the unfriendly attitude of physicians changed to questioning and critical attention.

In 1824 Tauchou published his work, *Du Froid et ses Applications dans les Maladies*, the pioneer attempt to explain the action of cold water from a physiological standpoint. The theories and principles of Tauchou rapidly gained favor among surgeons. The physicians, however, were more cautious. Few of their number bestowed much interest on the book.

In the middle of the nineteenth century, the first effort was made to establish through experimental research a scientific hydrotherapeusis. The work of the German investigators along these lines cannot be overestimated. Falch took up the internal use of water, the action of clysters and the bath. Petri investigated the sweating methods of Priessnitz. Erlenmeyer, Sharlan and Petri studied the hydrothera-

peutic treatment of the insane. Brand, in 1861, asserted the chief factor in the cure of typhoid to be the bath (50°–68°F.) and cold compresses. In 1866 Jürgensen created considerable excitement by stating "that clinical observations proved that cold water treatment lessens the body temperature, and diminishes grave symptoms, also lessens the rate of mortality and more than probably shortens the course of disease." In 1867 the first volume of Winternitz' *Hydrotherapy on a Physiological and Clinical Basis* appeared. This book was the initial endeavor to collect and analyze previous work and results. Through the efforts of Winternitz and his followers hydrotherapy finally secured its rightful place in medical science. Exactly twenty-three centuries passed before the teachings of Hippocrates were rationalized and fulfilled!

In the United States, at present, Dr. Simon Baruch and Dr. Arthur M. Shrady stand out as authorities and leaders in the use of hydrotherapeutics. Some of the conditions in which water has proved most effectual, and in which its application is steadily increasing, are typhoid, the exanthemata, pneumonia, tuberculosis, and mental disorders.

In concluding this brief historical presentation of the bath, water and religion, water as a therapeutic agent, certain interesting features seem worthy of mention; first, the very ancient history of the bath; second, the use of water as an expressive symbol in religion from primitive times to the present day; third, the introduction of hydrotherapy in scientific medicine through the stimulus of charlatans and a physician of Nature; fourth, the appreciation of the healing effects of water by the modern surgeon before the modern physician; and lastly, the stagnation of the use of water during periods of ignorance, superstition and religious fanaticism, its growth and promulgation whenever intellectual activity and scientific methods prevail.

TOO LATE FOR CLASSIFICATION

IMPORTANT ANNOUNCEMENT

The New York State Nurses' Association will hold its annual meeting, October 17–20, at the Hotel Iroquois, instead of at the Lafayette, as first announced. The general meetings begin on the 18th, those for the League and Public Health nurses beginning on the day previous.

WHY I PREFER OBSTETRICS IN PRIVATE NURSING

By EVA RENWICK, R.N.

Omaha, Nebraska

When I consider the number of nurses, even in our own registry, who are registering against obstetrics and the large number of nurses with whom I am acquainted who "hate obstetrics" I begin to wonder why.

Recently I heard a private duty nurse say, "Obstetrical nursing is the very hardest kind of nursing," and I thought, surely our nurses are not afraid of hard work.

A few days ago a doctor complained of its being so hard to get nurses to take obstetrical cases He said, "Some demand unusual fees for a case of obstetrics, some say without hesitation, they hate babies, hate obstetrics, too much work and so on."

The nurse who hates babies should register against obstetrics for she will never be popular with the mother. Mothers are sensitive on this point and can easily detect the nurse's attitude toward the baby even if she tries to conceal it. Let us hope this type of nurse will be increasingly rare and that there will be more and more who have the real nursing spirit giving themselves gladly wherever there is sickness and suffering.

I have just four reasons for entering this delightful work.

First, Because it is worth while to have a part in launching a new life on its way. Who does not agree with me that the entrance into the world of a new life is beautiful, yes, wonderful? Because life is so sacred, so truly divine, and its possibilities so great, is not the new-born babe worthy of a gracious reception on the part of the nurse? A new-born babe ought to appeal to the best in any nurse.

Second, I prefer obstetrical nursing because of love for the babies themselves. Love for *all* the babies, the pretty babies, the homely babies, the crying babies and the good babies, any baby and every baby. Love for babies ought to be natural to any nurse, because it is the normal attitude of a woman's nature. Unless a nurse has willfully crushed out this natural endowment by cultivating an assumed dislike, it ought to be easy for any nurse to *mother* anybody's baby.

Third, I prefer this nursing because it is full of joy and hope. It is such happy nursing. Here there is rarely the gloomy, foreboding outlook that so often confronts us in other nursing. Here there is the joy of life, of health, of growth, of future good.

Fourth, I prefer this nursing because one can be reasonably sure of her night's rest.

Do not smile at my last reason. It is an honest statement, because I learned the secret after a few experimental cases. I learned to manage mother and baby and thus was able to get my full rest at night.

So much for the choice of obstetrical work. The two factors in obstetrical nursing are, of course, the mother and the baby.

A few directions as to the care of the mother: the obstetrical nurse on entering a household for the first time must win the expectant mother. Make her feel that you are her friend, show real interest in her welfare and become a helper to her. Be tactful. You will not find confidence and esteem awaiting you just because you are a nurse. You must win these for yourself. Each nurse stands on her own merits.

The waiting period may be long, and it is part of the nurse's duty to so fill these days with pleasant occupation for mind and hands that the time will not seem burdensome. During this time is the nurse's opportunity to win the family, even the old, old grandmother, who will be watching askance thinking of the old days and the old ways. Adapt yourself to the routine of the family, adding to the general work as little as possible, and by all means win the good will of the servants. This can be easily done if one is sincere in her desire to do it.

Have everything in readiness, so that when labor begins you can give your full time to your patient.

Be sympathetic, be patient and kind to your patient, but encourage and inspire her to her best efforts. If you have won her confidence during the waiting period, she will have all faith in you and will do anything you suggest and will depend upon your judgment absolutely.

The mental attitude of the mother and its influence and effect upon the baby are becoming more and more apparent to all thinking people, so the mother should cultivate self control from the moment she is conscious of the little life depending upon her. I have found that if the mother is relaxed, contented and happy, the baby will be a sleepy, contented baby awakening only long enough to take nourishment. I bend all my efforts in this direction.

Then the baby: train the baby from the very first to regular habits in sleeping and feeding. Dress it warmly, having the clothing soft and loose, giving plenty of room for development.

The baby's needs are: fresh air, nourishment, warmth and sleep. Hunger, normally, is its only discomfort, but it may be uncomfortable because of cold, pain, disturbed sleep, ignorance of the nurse, or soiled clothing. If the baby is comfortable, it will sleep almost all the time during its first week of life. It will awaken only to nurse and will

fall asleep as soon as its hunger is satisfied. Until it is two months old, it should sleep twenty-one hours out of twenty-four.

The three necessary essentials in order to have a healthy baby are, regularity, quantity and quality. The nurse should be familiar with the character, amount and frequency of the baby's excretions and should teach the mother to recognize anything abnormal. Unusual conditions should be reported to the physician. He usually assumes that the baby is doing well unless informed to the contrary.

Therefore, if the baby is well and comfortable and the mother contented and happy and the mental attitude of the nurse just right, obstetrical nursing will be a real pleasure and the obstetrical nurse a boon to the nursing world.

"Pasteur said, more than a quarter of a century ago, 'it lies within the power of man to drive the bacterial diseases from off the face of the earth.' While this dream is not yet fully realized, enough of it has been done to prove that his assertion was correct. The deaths from all communicable diseases are nothing compared with what they were during Pasteur's lifetime. Smallpox has been practically wiped out and diphtheria is under control today, even with our poorly equipped and incompetent health departments. The deaths that do still occur are due to ignorance on the part of the people, as well as lack of proper health supervision. Yellow fever is no longer a scourge of the southland. Typhoid is no longer present where health regulations are in control. The results achieved in the Panama Canal Zone in the last decade are convincing enough that a death rate can be cut down from hundreds to less than ten per thousand population annually. The annual death rate is less in the Canal Zone today than it is in the United States. If it can be done in the Canal Zone, it can be done in the United States if we set about to do it. We know the facts. We must prepare to meet the obligation, the responsibility, nay, the opportunity. Physicians, nurses, dentists, veterinarians, sanitary engineers, bacteriologists, and chemists, all must prepare themselves to meet this grave responsibility, if we ever hope to wipe out this enormous death rate and unnecessary loss of life."—*William DeKleine, M.D.*

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMMÉ

THE QUESTION OF COLLEGE CREDIT FOR COURSES IN NURSING

With the increasing number of affiliations between nurses' training schools and universities, and the multiplication of courses for graduate nurses in connection with institutions of higher education, we are faced immediately with the necessity of evaluating our training-school work in terms which these institutions can understand and recognize.

The basis of credit which is generally accepted in universities and technical schools of this country is the point or credit, each hour of class or lecture work per week for a college term (about fifteen weeks) being counted as one point or one credit. It is always understood that there will be from two to three hours of outside preparation for each hour of class or lecture. No academic recognition is given, as a rule, for ordinary practice work or "experience," unless it can be shown that the work is properly organized, that it is progressive, and demands thought, observation, and skill on the part of the pupil. It must also be under the direction of a teaching supervisor who assigns problems, ties up the practice with the theory, and checks the results. Two or three hours of such practice or laboratory work is usually considered the equivalent of one hour of class or lecture work. So far as the theoretical work in the training school is concerned, there is very little difficulty in calculating credit on this basis, provided we have complete and accurate records. The better schools at present would show a total of 450 to 550 hours, which would be equivalent to from 30 to 36 college points or credits, or about one college year.

The problem is to find some such basis for computing the value of the practical work, which we all agree is a most valuable and essential part of our system of training. Under present conditions in hospitals a good proportion of the practical work done by the pupil nurses is routine work which cannot fairly be counted as educational, after it is once understood and mastered. We have to consider, however, that with constantly changing patients, and varying conditions of disease, even a familiar procedure may be a fruitful lesson through the observation and judgment and resourcefulness which are called out in adapt-

ing it to new conditions. It we could count up all the minutes spent in bedside instruction by doctors and nurses, all the observations and reports and records made by the pupil nurse which are not pure routine, all the time spent in solving new problems and carrying new responsibilities, we would probably be surprised to find out how much positive educational work is included in the average day's ward experience. This educational content will vary widely according to the kind and variety of the service and the quality of supervision. A chronic service or special duty with one patient cannot yield the same returns that one gets in a big, busy, active ward, and yet when the nurses are too heavily burdened with work, they do not get the fullest benefit from the resources at their disposal, either. There is a limit, too, to the time which one can profitably spend even in a quickly changing active service. Probably the kind of supervision is of even more importance than the richness of the resources, a good, teaching, graduate head nurse being an absolute essential if the educational returns are to be substantial from any given service.

Such considerations make it exceedingly difficult to approximate the credit for practical work in any accurate way, but in averaging the whole three-year course, under the most favorable conditions, it has been suggested that we should count on at least the equivalent of one full hour of teaching for every day of practice or one organized and supervised laboratory period of from two to three hours, for the eight to ten hours of ward work. On such a basis a nurse should receive from one and one-half to two years college credit for her practical work, making a total of from two and one half to three years college credit for the whole three-year course in a first-class training school. It is very doubtful whether any university of standing would allow so much academic credit on technical work, but several colleges are now allowing two years college credit for a good three-year nursing course. This makes it possible for nursing schools connected with a university to offer a combined course leading to a Bachelor of Science degree which will cover not more than five years of work and possibly not more than four and one-half years for especially capable students. Such an arrangement has recently been made by the University of Cincinnati and, we believe, by the University of Minnesota. Teachers College, Columbia University, also offers a similar plan, though it has no direct affiliation with any particular nursing school.

The paper which follows is particularly pertinent and interesting in that it outlines a tentative scheme for grading training schools on the basis of the credit system. It is hoped that others who have been struggling with this problem will give the Department of Nursing

Education the benefit of their criticisms and suggestions. Only in this way can we hope to arrive at an equitable and practical standard of measurement which can be applied not in one state alone, but in the country generally.

THE CREDIT VALUE OF THE COURSE OF INSTRUCTION IN SCHOOLS OF NURSING

By Anna C. Jammé, R.N.

Although the question of interpreting the credit value of the theoretical and practical work of students in schools of nursing by some system of credits has been under fire for several years, no definite step has yet been taken in determining how this interpretation shall be expressed. The standardization of curricula and practical work by means of either mandatory enactment or recommendation by Boards of Examiners has advanced to the point where some degree of uniformity is appearing. With the development of the National and State Leagues of Nursing Education, greater cohesiveness of thought and methods of teaching in line with the educational thought and methods of today is showing marked influence on the quality of teaching in our schools of nursing. The presentation of the nursing subjects in the class room, the laboratory and at the bedside are undergoing a change in the better grade of schools and such teaching is being brought up to a level that may be classed as an educational process. Definite educational requirements for admission to our schools in line with requirements for admission to normal schools or universities, presuppose a student mentally equipped and with sufficient interest and capability to respond to the opportunities offered in an accredited school. It would seem that the time has fully arrived when we can and should seriously consider the means of expressing in definite terms of units, the value of this education.

A system of valuation that may be considered fair and just should present features that can be acceptable to universities or other educational institutions of approved standards where graduates of training schools will seek post-graduate instruction. Therefore, the suggested scheme herein outlined may be, as it were, a point of departure from which a definite conclusion may be reached.

Units of credit for theory. The amount of work represented by one unit or one point, signifies one hour per week of recitation or lecture, with preparation therefor, during one-half year or 16 weeks. We may take as an example that the recitation or lecture work is arranged to cover one hour or, in some instances, two hours each day for five days for sixteen weeks as per the following arrangement:

First Year

FIRST HALF YEAR			SECOND HALF YEAR		
Subject	Hours required	Credits	Subject	Hours required	Credits
		unit			unit
Physics and chemistry	16	1	History of nursing and hospital ethics	16	1
Anatomy and physiology	16	1	Anatomy and physiology	16	1
Hygiene	16	1	Bacteriology	16	1
Nutrition and cooking	32	2	Materia medica	16	1
Nursing procedures	16	1	Nursing procedures	16	1
Ethics	16	1	Bandaging	16	1
	112	7		96	6

Second Year

FIRST HALF YEAR			SECOND HALF YEAR		
Subject	Hours required	Credits	Subject	Hours required	Credits
		unit			unit
Medical nursing	16	1	History of nursing and nursing ethics	16	1
Nursing in communicable diseases	16	1	Surgical nursing	16	1
Materia medica and therapeutics	16	1	Advanced dietetics	16	1
Examination of urine and laboratory technic	16	1	Orthopedic nursing	8	½
Nursing procedures and hydrotherapy	16	1	Massage	8	½
			Nursing procedures	8	½
			Operating room technic	8	½
	80	5		80	5

Third Year

FIRST HALF YEAR			SECOND HALF YEAR		
Subject	Hours required	Credits	Subject	Hours required	Credits
		unit			unit
Obstetrical nursing	16	1	Hygiene and preventive medicine	16	1
Gynecological nursing	8	½	Nursing in nervous and mental diseases	16	1
Pediatrics	16	1	Social problems connected with nursing	8	½
Nursing in special diseases skin and venereal diseases	6	½	Introduction to special branches of nursing	24	1½
Infant feeding	10	½	Choice of electives, modern developments in nursing, nurses' organizations, special lectures on subjects allied to nursing	16	1
Nursing in diseases of eye ear, nose, throat	16	1			
History of nursing and ethics	8	½			
	80	5		80	5

Total 508 hours, 33 units.

Units of credit for practical work. The amount of work representing one unit signifies one hour of practical work under good supervision each day for sixteen weeks or, in other words, eight hours a day of practical work for sixteen weeks equals eight units or points. Forty-eight weeks would therefore equal twenty-four units. Another method which may be more simple and give approximately the same results would be to consider one hundred hours or fraction thereof of practical work under good supervision as equal to one unit. Estimating that each year covers two thousand seven hundred fifty-two hours, exclusive of twenty-one days vacation, or one hundred sixty-eight hours, the value would be estimated as equal to twenty-seven units. The total for three years would be eighty-one units. The danger of exceeding in practical work may be obviated by placing a maximum on the number of units obtainable.

Basis of valuation. In estimating the credit value of the work, certain conditions must be considered; namely, the quality and extent of the instruction and facilities offered for instruction; the nature and extent of the supervision of the practical work; the arrangement and grading of the practical course in order to avoid undue repetition; the number of hours each day which relates to the efficiency in which the work is performed. Once the basis of valuation has been determined, an adopted standard curriculum in theory and practice and definite requirements of preliminary education for admission to training schools, the work of establishing an acceptable system of credits that will be recognized by universities or other educational institutions to which a graduate will apply for post-graduate study will be easily accomplished. Schools accredited to a university or other educational institutions of approved standard will necessarily be subject to conditions specified by these institutions which may include inspection by a committee appointed by the faculty who will report on the quality and extent of instruction given. The university may further require of an applicant from an accredited school, a personal recommendation of the superintendent of the training school, accompanied by her certificate that the graduate has satisfactorily completed the required course preparatory to the university which she wishes to enter as a regular student or as a special graduate student.

ITEM

In June, 1916, the Board of Directors of the University of Cincinnati took over the School of Nursing and Health of the Cincinnati General Hospital, making it a school in the College of Medicine of the

University. This was done on the recommendation of the Mayor of the City, the Director of the Department of Public Safety, the Dean and Faculty of the Medical College and the President of the University. This step was taken in recognition of the need of more adequate training for women preparing to meet present day demands made upon the nursing profession, and in recognition of their obligation as departments of the city government to co-öperate, to make the highest use of the functions of the hospital and of the university in the interest of the health and education of the community which they serve. In addition to the professional diploma course, there is offered a five year combination course leading to the degree of Bachelor of Science and the diploma of a graduate nurse. The professional course of study has been re-organized to avoid the subordination of the study of the scientific basis and principles of nursing, to the material needs of the hospital. This plan liberates the pupil nurse from all ward duties for two semesters; one in the first and one in the second year, for full academic work. To this end, each year has been divided into three terms. A special course in Public Health Nursing is to be offered to graduate nurses. It will require two full semesters, eight months, to complete this course. The plan includes field work in the various public health nursing centers in Cincinnati.

CIVIL SERVICE EXAMINATION FOR INSPECTOR OF NURSE TRAINING SCHOOLS, EDUCATION DEPARTMENT, STATE OF NEW YORK

A competitive examination will be held November 4, 1916, for the following position. Intending competitors must file applications in the office of the Civil Service Commission on or before October 25th.

Inspector of Nurse Training Schools, The University of the State of New York, $1800 a year. Open to women only. Candidates must be registered nurses and graduates of nurse training schools registered by the Regents of the University of the State of New York. They must be at least high school graduates, or have had an equivalent education. Other considerations being equal, preference will be given to candidates with higher educational qualifications and who are not over 45 years of age. Subjects of examination and relative weights: Discussion of assigned topic relating to the duties of the position, 1; education, training and experience, 1. The appointee to this position will be expected to travel often and she must be a woman of good personality who can creditably represent the Department. A broad experience is desired and it is expected that applicants shall have been Superintendent of a hospital containing at least fifty beds and in which a nurse training school is maintained, or have been Superintendent of such a nurse training school. One appointment is expected. Candidates may also be summoned for an interview with the examiners.

For application blank, address

STATE CIVIL SERVICE COMMISSION,
ALBANY, N. Y.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

The Kiel *Zeitung* says that 430,000 Iron Crosses have been conferred by the German Emperor since the beginning of the war. Each cross weighs 18 grams and is composed of half cast iron and half silver.

In June the maximum shade temperature taken at a hospital in the Suez Canal zone varied from 94° to 116°. The clinical thermometer had to be kept in ice water and the readings were taken while the instruments were still under the patients' tongues.

Special soap cards were issued in Berlin on August 1. Each user may have 50 grams, or 1.76 ounces of toilet, or shaving, soap and 8 ounces of soap powder per month. The issue of soft soap is forbidden. The penalty for disobeying the soap ticket regulations is a term of imprisonment not exceeding three months, or a fine not exceeding $357.

Some of the German dugouts at Ovilliers were models of comfort. They had six or eight communicating rooms and two separate stories. Some of the rooms were fifteen by thirty feet, furnished with spring beds, carpets, washing arrangements with water laid on, electric lights, tapestries to keep out draughts, and other luxuries. One dugout had nine entrances, beds for 110 men 30 feet below the surface, and a cook house with three large boilers.

A British general forwarded to London the report of his medical staff, which stated that in the captured trenches were found two completely equipped emergency hospitals, one 30, the other 50 feet underground. They were great rooms with every possible convenience, exhaust and direct fans, operating tables, walls lined with box board and floors of cement. With thousands of shells bursting overhead it was impossible to hear a sound.

During the advance of the Allied troops an elaborate scheme was worked out by the Royal Engineers for supplying the men with water, which was conveyed to them continuously and regularly.

The wife of Captain Paul König, commander of the German submarine liner *Deutschland*, is an Englishwoman whom he married fifteen years ago. At the beginning of the war when Mrs. König said that her sympathies were with her own countrymen, her husband replied, "Everyone must stand by his own country in these times. You would

not be worth your salt if you didn't, and I should not be worth my salt if I did not stand by mine." She returned to England and, though deeply attached to her husband, has not heard directly from him since that time.

A Danish newspaper states that Captain Valentiner, commander of the submarine that sank the *Lusitania*, has since that event been decorated with a number of German orders, including the Iron Cross of the First Class and the Hohenzollern House Order with swords, a special distinction which is the personal gift of the German Emperor.

An English paper commenting upon the utilization of waste material, says: Almost before the reck and fume of battle are over, almost before our own and the enemy's dead are all buried the Salvage Corps appears on the bloody and shell-scarred field to collect and pile unused cartridge and machine-gun belts, unexploded bombs, old shell cases, damaged rifles, haversacks, steel helmets and even old rags, which go to the base and are sold for $250 a ton.

French and Belgian girls are employed to clean and repair worn and soiled uniforms, for which they receive the to-them satisfying wage of sixty cents a day. A Dublin bootmaker invented an ingenious contrivance by means of which the tops of old and otherwise useless boots are converted into boot laces.

The original of Lord Kitchener's letter asking for 300,000 recruits for the new armies has been sold for $30,000 to Mr. Fenwick Harrison for the benefit of the Red Cross. A facsimile has been made, reproducing the original letter in every particular. It is printed by permission of the War Office on the official paper of the Minister of War. A special cover has been designed for it by an eminent artist and Sir Arthur Conan Doyle has written a brilliant sketch of the writer. It is to be sold for the benefit of the Kitchener Memorial Fund and the Red Cross.

Nurses who have been rendered unfit for further service, owing to illness, or injury, contracted during their work in the military hospitals, are to receive a permanent recognition of their labors. They have been included among the possible recipients of the new silver badge approved by King George. It is in the form of a circle an inch and a quarter in diameter. The circle bears the words, "For King and Empire—services rendered." In the centre is the Imperial cipher, G. R. I., surmounted by a crown.

A lieutenant in the English Royal Flying Corps was brought down by a Fokker. He was cared for by two German Flight Officers and a letter to his father containing the news was dropped from a German machine over the British lines.

EVENTS OF THE DAY

IN CHARGE OF

GARNET ISABEL PELTON

Denver, Colorado

THE BALKAN CAMPAIGN. The Balkan States, Serbia, Bulgaria, Roumania, Greece, Montenegro, and Albania, with the bit of Macedonia left to Turkey, are heaped together in a mountainous peninsular that almost touches Asia Minor at Constantinople. This aggregation of seven nations, almost a dozen different races, and as many languages, and half as many religions, has seethed with war and history since the days of ancient Greece. As a gateway to Asia it has been a bone of contention to all the nations of Europe. Here in Serbia the great war began. Serbia, Montenegro, and Albania were overrun by the Central Powers, with the help of Bulgaria, about a year ago. Greece, though neutral, has recently been attacked by Bulgaria, and for some time has allowed the Allies to dictate certain policies and to concentrate their forces on Greek soil at Salonica, the Thessalonica of the New Testament. Here are now gathered from the Allied nations: the British and French troops who arrived too late to save Serbia, other British from the unsuccessful Dardanelles expedition, the remnant of the Serbian army, contingents from Montenegro and Albania, Russians, and Italians. The latter, arrayed for the first time on this new front against the Germans, on August 27 formally declared war on Germany. On the same day Roumania joined the Allies, offering half a million men at a most critical time and place. This new Balkan front, with Roumania's help, almost completes the "iron ring" of fighting around Austria, threatens to dismember Bulgaria, reconquer Serbia, capture Constantinople, and cut Turkey off from the Central Powers thus shattering Germany's dream of mastery of the Balkans and power in the Near East.

HOW THE PRESIDENT IS ELECTED. On November 7, the next president will be elected. How is it done? In June, the presidential campaign opened with a series of great conventions, one for each of the half dozen political parties. Each laid down its platform (its temporary political creed), chose a candidate, and started the machinery for a vigorous struggle. These conventions are not a matter of law, but have evolved with the growth of parties.

The Constitution directs that each state shall choose as many presidential electors as it has representatives in both Houses of Congress.

Each state has two senators, while the number of representatives depends on the size of the population. The electors meet in their several states on the same date and send their sealed votes for president and vice president to the president of the United States Senate. Thus the founders of the nation hoped a good and able president, above party interests, would be chosen by a few of the best men in each state.

Their plan has turned out differently. The president is really a party leader, elected the day the people vote for the electors in their state. Each party in a state names an entire list of state electors, all of whom are pledged to vote for the party candidate. Each voter usually votes the entire list of his party. The result is that the strongest party in the state wins all the electoral votes. Thus the election of the president becomes virtually a popular one by states, and the struggle concentrates itself in the doubtful states where the parties are almost equally divided.

THE THREATENED RAILROAD STRIKE. A railroad strike that would have paralyzed the entire nation, all but cut off its food supply, brought a cataclysm to business, thrown millions out of employment, was barely averted on September second.

The four railroad brotherhoods, representing 225 railroads and 400,000 men on freight train service, passed a 94 per cent strike vote, to force from the railway managers a basic eight-hour working day (that is, eight hours as a standard for time and wages). The railway managers, believing the demand a stratagem to obtain higher wages rather than shorter hours, asserting the cost would be $100,000,000 a year, and that only 18 per cent of their employees (and these the highest paid ones) were involved, refused, but finally offered to arbitrate. The men refused to arbitrate on the ground that arbitration is likely to be prejudiced, often unscientific, and not successful as to results. The President then called the representatives of both sides to Washington. While trying unsuccessfully to make them agree, a strike call was issued for Labor Day. The President immediately appealed in person to a joint session of both Houses of Congress urging legislation to avert the strike and make its recurrence impossible. In two days, on the strength of the clause in the Constitution that gives Congress absolute power to regulate interstate commerce, it passed, under duress, a law establishing an eight-hour day, at present ten-hour wages, for all employees on interstate railways, to become effective January 1, 1917, and creating a commission to investigate the cost of this plan to the railways. The strike was called off, the President signed the bill, and the railroad managers accepted under protest, promising litigation to test the constitutionality of the law.

NURSING IN MISSION STATIONS

A MESSAGE FROM THE NURSES' ASSOCIATION OF CHINA TO THE PROFESSION AT HOME

This is a statement of the present condition of the nursing profession in China from a number of nurses who have spent a good many years trying to better these conditions, to the nurses at home, in the hope and almost the belief, that when the case is placed before them, there may be some to whom it will appeal to help establish this profession in this great country on a firm basis, so that in years to come, the people of China may look upon ours as an honored profession and one for which many hundreds of thousands have cause to be grateful.

The day of pioneer work is over. We can only wonder at the people possessed of the conviction that must have been necessary to attempt it. They offered their skill in the service of China; they were placed in positions where good work from our standpoint was out of the question, partly on account of the prejudice and distrust of the people with whom they had to deal, and partly because of the lack of professional help and the stimulus it brings. Some of them grew to consider numbers of patients as all important. The Chinese knew nothing of the quality of work, and the stimulus of professional criterion being lacking, these early doctors and nurses must have reasoned that what they brought to the Chinese was far better than anything they had had previously. These men and women "lost out" professionally, but they inserted the opening wedge. We are, as it were, the next generation, the next link in the chain, and we are demanding of ourselves, of each other, and are having demanded of us by the Chinese, far different things.

There are among us those who were allowed their full two years for the study of the Chinese language, who have continued that study, and who are fulfilling our duty as teachers of theory and of practice, but these few are limited indeed. The far greater number of us were, by lack of foresight in their superiors and the urgency of the work, thrown into hospital work with one year, or even less, of study. The result is that most of us will never be able to do our full duty as instructors, we cannot take the time to study, and if we did, we are past the age when we can readily acquire language. We are back numbers, too lacking in preparation as teachers to be able to teach except in the most elementary way in the subjects necessary to the profession. But we see clearly the time has come when it must be done, so that an injustice may not be done to the men and women we are training, to our profession, and to the nation.

Some of us hope to work here many years, while some know at best it can only be a few. We can supervise hospitals, operating rooms, and clinics, the kitchens and laundries, we can teach by demonstration, but we cannot, *with* these responsibilities, prepare ourselves to teach in a way that will enable us to continue to draw the educated men and women, to whom the profession has a right, into our training schools; but we can hold the ground while new nurses acquire the language and make the advance. Each year our students are better educated; each year we demand a little more and get it.

The Nurses' Association of China is in itself a proof of progress. The Association is national. For membership, a diploma of a large general hospital, where the training is not less than two years, is requisite. Yearly examinations have been established. The hospitals containing a certain number of beds and whose course of training meets the requirements of the Association are registered; some of the best of these are now making the diploma of their training school dependent on the ability of the pupil to pass the Association's examinations, both practical and theoretical. Surely there are among your ranks those to whom the difficult things appeal. This is not a small matter. We need, above all else, teachers of theory (we need practical teachers and workers as well), we want well educated young women, graduates of great general hospitals, with an additional training of a year or two of institutional work, who feel that in teaching alone lies the root of the profession; who see in this a great opportunity. It means two years' study in the language and after that two years in which hard preparation will be necessary for each class; after that it will be easier.

The Chinese are bright and capable, worth the teaching; and in five years you will see the result of your work.

We are training women nurses for women's hospitals, men for men's hospitals, and we draw from the educated class. In time it may be that Chinese women nurses will work in men's hospitals, probably in twenty years, that is, if not tried too soon by those who do not understand the prejudices of the Chinese, and the very solid reason back of these prejudices. If the experiment is tried before the time is ripe, it will mean the entire loss to the profession, for years to come, of the daughters of educated families, and the same struggles through which the profession rose at home. Only to those who know in detail these struggles (not yet at an end) can the situation in China appeal in its fullest significance.

Would it not interest some of you to help us keep the foothold we have already gained?

Great plans are being made by the Rockefeller Commission for the

efficient training of Chinese men physicians. The two professions must go forward together, if they are to go at all. The Commission has already begun the work of training medical students. Can we not keep abreast of them? Now is the crucial time.

It has been said that the reason we have not a greater number of volunteers is because nurses as a body do not know of the need. Is this true? If it is, let the various mission boards hear from any one who thinks it worth while to help turn the tide in an unequal battle and place the profession firmly on its feet in a country where it is new.

President, Alice M. Powell, Sleeper Davis Hospital, Peking (Methodist Episcopal Mission, 150 Fifth Avenue, New York City).

Vice President, Eva A. Gregg, R.N., Isabella Fisher Hospital, Tientsin (Methodist Episcopal Mission, 150 Fifth Avenue, New York City).

Secretary, Leila A. Batty, China Inland Mission Hospital, Shanghai (China Inland Mission, Toronto).

Assistant Secretary, Mary Reed Ogden, St. James Hospital, Anking (Protestant Episcopal Mission, 281 Fourth Avenue, New York City).

Treasurer, E. Stuart Chisholm, R.N., St. Luke's Hospital, Shanghai (Protestant Episcopal Mission, 281 Fourth Avenue, New York City).

Three hundred million Red Cross Christmas seals are being printed in Cincinnati for the annual holiday campaign to be conducted under the joint auspices of the American Red Cross and The National Association for the Study and Prevention of Tuberculosis.

The campaign for the sale of Red Cross seals this year will be larger than ever before. Although in 1915 the sale reached the record total of 80,000,000 seals, bringing in $800,000, it is expected that this year at least 100,000,000 seals or $1,000,000 worth will be sold. The sale will be organized from Alaska to the Canal Zone and from Hawaii to Porto Rico. Every state and territory in the United States will have seals on sale. New organizations will be working in a number of the western states, including Montana, Utah and Wyoming. Distribution of the seals is now under way.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

LETTERS FROM DENMARK

Since the time of the San Francisco meetings no word had been received from Denmark in regard to the International Council of Nurses, until a few days ago. This was accounted for by us as a by-product of the world-war—of course an accidental, unintentional by-product, and this proves correct. A Danish nurse, arriving in New York recently brought letters from Mrs. Henny Tscherning, president of the International Council, including copies of those written a year ago and never received. Several from this side must also have been lost. Mrs. Tscherning, like the rest of us, feels dubious as to the near possibility of a truly successful meeting of the International Council of Nurses in a European country. For my part, as secretary of the Council, it seems clear that we must prepare to push our next meeting date a little further on than 1918, as the continuance of war is making it too close to give us time to prepare for a date only a little more than a year off. And, as it was our country's turn to hold a Congress and only a business meeting was possible at San Francisco, it might be better for us to make another attempt, when the time does come, to hold the next meeting here.

In this connection I would like to emphasize afresh and with a little more explanation the point of view of some of us on this side—Miss Wald and the whole Settlement group, and others, as to preparedness for war—why we oppose and resist it. It has not needed the tragic and terrible example of Europe to inspire our sentiments, neither are we lacking in profound sympathy for the nations so fearfully afflicted.

War is an integral part of the competitive system. It is the flower and fruit of competition. In war, such as rages in Europe, we see only the inevitable, acute stage of industrial and commercial warfare which is present with us all, in more or less sub-acute stages, wherever cut-throat competition is the accepted policy.

We believe that coöperation is the law of life and growth; competition, of destruction and death. War is avoidable through men's actions. It does not come by natural agencies like flood or lightning or

cyclone, it is not even like a contagious disease, which is indeed spread by man's ignorance or carelessness, but without plan or purpose on his part. War arises from man's actions toward his brother man, his words to him, his feelings toward him. In proportion as he practices justice and regard for others, war is preventable. As he indulges jealousy and hatred, war is inevitable.

And we regard preparedness for war as a hot house and cultivator for jealousy, suspicion and hatred. Energies devoted to preparation for war are energies taken away from the saving, wholesome, living forces of international friendship and coöperation. No one can at one and the same time work for competition and for coöperation. Each must choose one or the other,

The nations plunged over the abyss at the end of their competitive race could at last, when the crisis came, do no other than they have done. But now if ever is the time for ours and all neutral countries to recognize the peril of national shortsightedness and to assert more strongly than before the saving power of the International Idea—the world our one common country, international association and organization for world law the only hope for the future.

TOO LATE FOR CLASSIFICATION

The Missouri State Nurses' Association will hold its tenth annual meeting in Kansas City, October 18, 19 and 20, at the Coates House, Tenth and Baltimore Streets. On the afternoon of the 18th, Agnes G. Deans of Detroit, a member of the Revision Committee of the American Nurses' Association, will be present and there will be a discussion on reorganization and the proposed districting of the state to conform with the membership clause of the American Nurses' Association. As last year, beside the general sessions, there will be special sessions for the Red Cross, Public Health League, and Private Duty Nurses. Reservations should be made with the hotel; rates are, for one person: room with bath, $1.50 and up; without bath, $1 and up.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: BESSIE B. RANDALL, R.N., *Omaha, Nebraska,* and ELIZABETH GREGG, R.N., *New York City*

RECORDS

(*Continued from page 1226, September* JOURNAL)

Now for our records: Every nurse makes out a daily report, which is a brief, dated résumé of the names and addresses of patients seen that day, car fare used, and time on duty. This is for the convenience of her supervisor, who can thus see, almost at a glance, when a district is heavy or light, if the nurse is working over-time, if she is dismissing patients too quickly, if she is doing too much work within our allotted hours. We are averaging from ten to twelve visits daily a nurse, our ambition is to average eight. From the daily reports, which the nurses make out at home, they enter into their time-book for every new patient, the name in full, age, sex, address, part of house, country of birth, source of call, diagnosis, physician, date of first visit, and under the corresponding date in the calendar space, they make an oblique line for a nursing visit, a cross for any other kind of visit. We have only the two classifications for visits, "nursing" and "other," we believe that every visit should be more or less instructive. The third time the nurses write the patient's name and address is on the new patient's slip, of which I have spoken. This is a duplication, or rather, triplication. We should like to dispense with the daily reports, but the new patients' slips are absolutely necessary in order that we may have some record of our p tients in the main office. (In a small association where a stenogra)her is not accessible, the nurse would not have to use the new patients' slips, but could write the information directly on the stiff index card and these could be filed. Nevertheless, when one has to go over several hundred or several thousand index cards very often, the amount of time saved when they are typewritten rather than hand-written is considerable and well worth taking into account. These smaller cards contain everything that is needed for statistical purposes and a nurse who wrote a small, tidy hand could make daily notes on their reverse side, thus doing away with the large size history card. It is not the amount of records that we would like to keep that we have to consider, but the amount of time we have to

spend on records, which, in the last analysis, must decide the type of records being kept by each organization.) The time-book serves as an address book and also shows the amount and kind of work being done in the district when a nurse is obliged to go off duty suddenly and turn her work over to somebody else. The daily report is necessary when one supervisor has from five to fifteen nurses whom she sees only once a day at the most. When a superintendent is able to see all of her nurses once or twice daily, the daily report is really superfluous, if not absolutely waste paper.

In addition to the items already enumerated, our time-books contain the total number of visits made for the month, remarks on discharge, "recovered, improved, to hospital," etc., and visits forwarded for old patients. The nurses complete these three totaling spaces each month and then make a monthly report showing the number of patients, and the amount of work done in their districts during the month just closed. We classify only our dismissed patients, and those by condition on discharge, by source of call, by country of birth, by sex, age, and by diagnosis. We are trying to use the diagnoses of the international list of the causes of death, but find it mighty hard work.

The history card I have already spoken of. We are severely criticized for asking the nurses to make out these monthly reports and for asking them to do so much clerical work, but we believe that doing good clerical work is just as much a part of a nurse's training as good bedside work or good social work and we try to give every nurse on our staff instruction in this division. It has been our experience that nurses who could not grasp the clerical details, sooner or later did not grasp the significance of the rest of our work, and that they, in the long run, did not make good visiting nurses. They may have been good nurses, but they were not efficiently socialized visiting nurses, observant, sympathetic, and accurate in their work.

We were recently told that in a fairly large association the supervisors make out all the district monthly reports because the nurses found them so difficult and made so many mistakes that it was easier to have the supervisors do them. Some of our nurses make mistakes in their monthly reports and fuss over them a lot, nevertheless most of them are glad of the training and experience, and the nurses who can't, sooner or later, master their monthly reports, never really get to the bottom of most of our social problems, consequently, for the present at least, the monthly reports, with us, are going to be done by the nurses themselves. Any number of nurses who have left our staff have written back saying that the training in clerical work which they received while with us has proved most helpful to them. In addition

to this clerical work, each supervisor hands in a monthly report of the work of each nurse in her substation. Once a month each supervisor must read before the Nurses' Committee, composed entirely of members of the board of directors, a report of the work in her territory. This report must cover the statistics of the past month, their increase or decrease and the probable reasons therefor, also the work of each nurse under her supervision. In this way the Nurses' Committee is kept in very close touch with the work of the staff as a whole, and the supervisors are given a good training in making their work interesting to a group of lay-people.

READING FOR PUBLIC HEALTH NURSES. Visiting nurses have not forgotten Ellen LaMotte, former superintendent of the municipal tuberculosis nurses of Baltimore. They will be proud to know that since she has been in France nursing wounded soldiers, she has had two articles accepted by the *Atlantic Monthly*, one in November, 1915, entitled "Under Shell Fire at Dunkirk," and one in July, 1916, entitled, "Heroes." Both articles are more than interesting, they are extremely well written; the terse, vivid style which made Miss LaMotte's annual tuberculosis reports such a joy to receive has not been forgotten. In addition to the fact that it is a very great honor to have anything accepted by the *Atlantic Monthly* we may well be pleased with the substance as well as the style of these two articles.

Public health nurses, especially those working in "poor white" rural districts or congested city neighorhoods where poverty, ignorance, vice and misfortune seem to sap the vitality of all the patients, frequently get discouraged and wonder if it is worth while saving babies, fighting tuberculosis, or begging money for summer outings for little cripples. Such nurses should read *The Masters of Fate* by Sophia P. Shaler, a book written to prove that even the most physically handicapped individual may rise above his handicap and startle the world by his genius. Mrs. Shaler's book is not entirely comprehensive, it doesn't mention Florence Nightingale, Agnes Jones, Doctor Trudeau, and others who are well known to us, but it does tell us enough about those handicapped by blindness and deafness, crippled by paralysis or accident, or stunted by inherited mental deficiencies, to make us realize that, after all, man is master of his fate and that those of us who have the unspeakable good fortune to help him grasp his mastery with both hands, are the last people in the world to respond to discouragement. All of us have our pessimistic moments, but we would get over them more quickly if we kept Mrs. Shaler's book on our bedside tables.

QUESTION. May I have an application blank? I should like to

come to an association where I may serve the poor, physically and spiritually. I do not wish to be forbidden to use my religion whenever and wherever I see fit, and I believe that visiting nursing offers me the opportunity for which I have long waited.

ANSWER. You may do any religious work you please on Sunday, out of your district, while you are with us, and you may occasionally find a patient in the district, of your own faith, whom you will be able to help, but we are absolutely non-sectarian and the nurses may in no way discuss or interfere with the religious beliefs of their patients. The nurse who does not know enough to offer to get a clergyman for a dying patient would be a pretty poor specimen, but this is an entirely different thing from discussing religious matters while one does a dressing or gives a bath. We ask our nurses to live their faith; example speaks louder in this work than precept.

Mrs. Jane Brown Ranson, a graduate of St. Luke's Hospital, Richmond, Va., and formerly a school nurse in Lynchburg, has recently been appointed State Supervisor of Public Health Nursing by the Virginia State Board of Health. Mrs. Ranson is working hard to co-ordinate the methods and results of all of the public health nurses in the state, therefore she has sent out the following notice, which is not merely interesting, but full of suggestions for other nurses working in sparsely settled districts.

"The State Board of Health and the Metropolitan Life Insurance Company have made a joint agreement for the coördination and extension of Public Health Nursing throughout the state. The objects in view are three-fold:

First, To coördinate and standardize the public health nursing in the state as far as possible, so that all will feel that they are a part of one whole and not working as isolated units.

Second, To make uniform as far as possible reports, records, etc., in an effort to standardize statistics, so that they may be more valuable and we may know just what is being accomplished for the health of the state by Public Health Nursing.

Third, Most important of all, to extend Public Health Nursing in all its forms throughout the state to both rural and urban districts just as rapidly as possible. (There are now 29 Public Health Nurses in the state outside of Richmond and Norfolk.)

If the central State Board of Health office is made a clearing-house for all information and data relating to Public Health Nursing being done in the state, it is thought that the welfare of the state will be greatly benefited, the work more easily and readily extended, both the nurses doing the work and the organizations supporting them be strengthened, and the interests of all promoted. As a means to the above ends, a State Supervisor of Public Health Nursing has been appointed. Ohio and North Carolina preceded Virginia in this health movement. We do not want to follow them in efficiency, however, but should like to lead."

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborators: ADDA ELDREDGE, R.N.; LAURA E. COLEMAN, R.N.

PROVISION FOR NIGHT NURSES' MEALS IN THE SMALLER HOSPITAL

And sure good is first in feeding people—*Ruskin.*

Possibly no phase of the question of hospital diets has so puzzled the administrator or matron as that of the selection of suitable food for the night nurses together with its proper preparation and timely presentation to them.

Many conditions working together and separately tend to operate against the success of any meals that are served to night nurses.

The change of work, change in habits of living and sleeping when night is turned into day, call for a re-adjustment of the whole physical and mental being and experience shows that the stomach is apt to rebel and prove more difficult to bring into line than any other organ.

The necessity of good food for these nurses calls for no argument here, everybody is willing to concede the point, but of what it shall consist and its time and place of serving require careful thought.

The nurse retires at nine or ten o'clock in the morning and is called in time for dinner or supper at five or five-thirty p.m. to go on duty at seven or eight o'clock in the evening.

She has risen immediately before coming to the table for dinner and is unable to eat the so-called hearty food set before her. By reason of the change in her mode of living, her appetite is capricious and calls for nothing unless it be something simple and dainty, therefore the dinner which is acceptable to the average individual has no attraction for her and she contents herself with a cup of tea, supplemented, possibly, by a tiny bit of bread and butter.

When the hour for duty arrives she goes to it poorly fortified to withstand the combined attacks of disease and hard work.

If she has risen an hour or two earlier in order to attend class, she doubtless has an aching head which protests against the taking of any food and her unfitness for duty is even more pronounced than in the first instance.

To anticipate and provide against this last condition, afternoon

tea served in the nurses' home is most useful. The hour for the tea, with which may be served the simplest biscuits, may be so arranged and extended as to cover the time when the night nurses are called for class.

The difficulty of arranging for this tea is not great. It can be so systematized as to be no hardship upon any one. The material required for it can be apportioned and issued through the housekeeping department and nurses themselves be appointed in turn to attend to it, care being taken that no one nurse shall do it long enough or often enough to make the task irksome.

Having had the light refreshment an hour or two before dinner is served may enable the nurse to partake of the latter with some relish, but the probabilities are that she will do better with a simple supper and look forward with pleasure to a real dinner at midnight.

It is the midnight dinner, which is so essential and so hard to procure, that calls for the most attention and careful supervision of the superintendent of nurses and the housekeeper of the hospital.

First, Of what shall it consist? The answer to this question should be given without hesitation and in no uncertain tones and should read, "Of the best the hospital has to offer." Certainly it should be no less carefully thought out than the menus for the other fastidious people in the hospital. They are fastidious, it is physically impossible for them to be otherwise, and the fact should be recognized and honored.

Those now called "the older nurses" can remember the difficulty experienced, during their early terms of night duty, in getting food they liked for their night meal, as well as time to prepare it, though it must in candor be acknowledged that the hospital wards of those days were supplied with bread, butter and milk that have never been surpassed in these later times. Likewise hospital authorities were studying the question of night meals for nurses and were attempting to solve the problem in all its intricacies by experiments resulting in more or less success.

Notwithstanding these efforts and successes it was not often thought possible to furnish a good, comfortable, well-cooked, hot meal at the midnight hour other than that which could be prepared by each individual nurse in her own particular ward.

The smaller or medium-sized hospitals early saw possibilities for such meals and proceeded to secure them. Accordingly the smaller hospital decided that the night service should be large enough to provide for this contingency and the remainder was easy.

This is a plan pursued by a night supervisor in a hospital whose daily average number of patients is something over one hundred.

Two nurses are chosen to go to the diet kitchen at eleven o'clock to prepare the night dinner, their places being taken by the night supervisor herself, or her assistant and the night orderly. The same two nurses are not chosen again until it is again their turn to act as cooks. In the diet kitchen the nurses find a list of articles left by the housekeeper with instructions as to where each has been placed for them.

If the articles require unusually long cooking they will be found partially cooked and are easily and quickly finished. Possibly they are of such a nature that they can be practically ready in the "fireless cooker" which is an instrument or utensil not to be despised by those engaging in such work. A recent bill of fare when prepared and ready for the hungry night workers was found to be this: Soup, steak, baked potatoes, another vegetable, a simple salad, bread, butter, toast, coffee and ice cream. The soup had been prepared during the day and simply needed to be heated, the extra vegetable had been partially prepared, the ice cream had been saved or made especially for the night nurses by the kitchen workers during the day. The baked potatoes and steak were the only things requiring time and the potatoes were washed and made ready for the oven by the day service. This was a good dinner but not in any sense an unusual one.

The night nurses have their own set of dishes, table service, and linen which are kept in the diet kitchen and used by no one else; they are encouraged to lay their table nicely and serve their dinner with enough form and ceremony to make it a real event in the night's history rather than something about which there need be no particular concern or something that may be taken or left at pleasure.

When the dinner is ready to serve, the night supervisor is notified and she designates two nurses to have their dinner at that time. They go and the two places are supplied as for the workers. They finish their meal, wash their own dishes and leave the table in perfect order for the next two and so on till all have been served. The last two are expected to clear up and put away everything in proper order for the diet kitchen nurse when she comes on duty in the morning. Inasmuch as each nurse washes her own dishes the final clearing up is not much of a process.

It frequently happens that sixteen or eighteen people are served but in ordinary times with the usual routine of work in the wards and the customary interruptions by obstetrical cases or work in the operating room the time consumed is about two hours, or from eleven p.m. until one a.m.

When emergencies occur the night supervisor may have to exert her authority to prevent the nurses from neglecting this night dinner.

Intense application to duty is sometimes difficult to interrupt but it must be done if the nurses are to be kept in good physical condition.

These nurses are stimulated to promptness in preparing their midnight meal by the fact that the night engineer must have his midnight tray and is unwilling to wait patiently for it. Hard times in the wards mean nothing to him and to his mind furnish no good reason why he should not have his customary good meal without waiting too long for it.

It has sometimes seemed to the management of the hospital that it would be well to relieve the nurses of this task, but invariably after deliberation the same conclusion is reached, viz., that it is better to endure the hardship than to run the risk of becoming careless about the meal. Larger hospitals may provide for this meal without help from the nurses, but this plan has its compensations; it is good practice for nurses in training and they enjoy it, besides this means each nurse gets away from her ward and her patients for a time and goes back to them with renewed vigor and courage.

It cannot, however, be managed without a liberal supply of night nurses; it *will not* manage itself but must be supervised closely by the housekeeper and superintendent of nurses; it may degenerate into abuses or consume too much time without the watchfulness of the night supervisor.

TOO LATE FOR CLASSIFICATION

Condensed Programme of the New York State Nurses' Association. *Tuesday, October 17.* 8.45 a.m., Registration of League members. Business meeting of Public Health Nurses. 10 a.m., Meeting of League, address by Miss Littlefield, papers by Miss Hilliard and Miss Hitchcock, reports and business. 2 p.m., Papers by Linette Parker, Carolyn Gray, Mr. Mache of Buffalo, discussion opened by Miss Goodrich. 5.30 p.m., Round table, The Curriculum. 8 p.m., Public Health Nursing, papers by Dr. Francis S. Fronczak, Misses Durkee and Crandall. *Wednesday, October 18.* 9 a.m., Registration 10 a.m., opening meeting, reports and business. 1.30 p.m., Round. tables on Public Health subjects. 2.15 p.m., Papers by Dr. Clarence L. Hyde, Kathleen D'Olier. 6 p.m., Dinner for Public Health Nurses. 8 p.m., Public meeting on State Registration. *Thursday, October 19,* 8.30 a.m., Round tables on Public Health questions. 9 a.m., Papers by Mrs. Annie S. Humphrey, J. Wright Beach, D.D.S., Dr. H. R. Gaylord. 1.30 p.m., Round table. Meeting with papers by Mrs. Stevenson, F. Parke Lewis, M.D. 4 p.m., Drive and tea. 8.30 p.m., Red Cross mass meeting. Friday, October 20. Round tables and unfinished business.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

PAINLESS AND SHOCKLESS CHILDBIRTH.—A writer in the *Medical Record* describes his experience in the administration of heroin in childbirth. He gives $\frac{1}{12}$ grain, hypodermically. It mitigates the pain so that the patient can put forth all her efforts to assist nature, without extreme suffering. It does not destroy the involuntary forces, nor produce unconsciousness, but enables the mother to do her part by abolishing the agony that inhibits effort. It produces analgesia but neither hastens nor retards labor.

EFFECT OF DIET ON THE TEETH.—In an article in the *Journal of the American Medical Association*, the importance of a well-balanced diet in infancy on the development and health of the teeth is emphasized. It is stated that orange juice may be begun at any time after the first month. Vegetables, fruits and meats, properly prepared and given in small but increasing quantities, may safely be begun as early as the sixth or seventh month. It is recommended that strips of tough meat, bacon rinds, bones, bread crusts, etc., be given the child to chew, to develop the muscles of mastication and enlarge and strengthen the jaws.

TRANSIENT ANAESTHESIA.—The *Lancet* mentions a method of obtaining analgesia for slight operations such as circumcision, removal of septic ingrowing toe nails, etc., by means of a small quantity of ether. A Shummelbusch mask is placed over the patient's face and 3 drachms of ether poured on it. A folded towel is then closely applied over mask and face. If the patient breathes deeply and regularly, in from thirty to fifty seconds analgesia has set in and will last from fifty seconds to three minutes, the average being slightly less than two minutes. The patient is usually able to walk from the operating room and feels no unpleasant after effects.

NEPHRITIC TOXEMIA OF PREGNANCY.—A writer in the *New York Medical Journal* says that the gravid uterus pressing on the kidneys is one of the causes of nephritis in pregnancy. He advises as a prophylactic measure, where the tendency exists, or as contributing to its relief, the use of a special bed. It consists of a head piece and foot piece, each with a separate mattress and spring, between these is a broad band of rubber cloth. This is sufficiently long so it can be hol-

lowed to accommodate the abdomen. The patient lies prone, that is, face downwards, thus relieving the pressure and permitting a comfortable reclining posture.

POLIOMYELITIS.—There is much discussion of the etiology and treatment of infantile paralysis. A writer in the *Medical Record* states that the secretions from the nose and throat in poliomyelitis are acid. The blood and spinal fluid are subalkaline. He seeks to counteract this by administering milk of magnesia. Of 150 children living in an infected district, but one contracted the disease under this preventive treatment. The point of entrance of this infection is said to be in the nose and throat, the virus thence passing to the intestine.

CLEANLINESS.—It is said in *Preventive Medicine* that long experience has taught that cleanliness offers a protection against disease, that clean surroundings are apt to be free from infection and that clean food is apt to be safe food.

INFANTILE SCURVY.—A writer in the *Americal Journal of Diseases of Children* is of the opinion that pasteurized milk is an incomplete food and should be supplemented by an antiscorbutic, such as orange juice, the juice of orange peel, or potato water. Pasteurized milk is valuable as a security against infection, but to avoid the dangers of scurvy the use of orange juice should be begun as early as the end of the first month of the child's life.

PNEUMONIA AFTER ETHER.—In a discussion at a meeting of the American Association of Anesthetists, it was stated that pneumonia following the administration of ether was sometimes caused by exposure after the operation. By keeping the recovery room warm and the patient well covered on the way back to the ward, the number of cases was very materially lessened.

FOOTPRINTS AS A MEANS OF IDENTIFICATION.—The *Journal of the American Medical Association* reports that a Chicago maternity hospital uses the footprint as a means of identifying the babies in its charge. The baby's foot should be rubbed with cold cream, then a sheet of plain white paper pressed against the sole, so that it comes in contact with the entire surface. After this, powdered charcoal is spread with a camel's hair brush over the surface of the paper touched by the baby's foot. This brings out the latent impression perfectly. The same method could be used to determine the degree of flatness in a person's foot.

LIQUID PETROLATUM IN CONSTIPATION.—A writer in *Paris Médical* recommends refined petrolatum as having a valuable lubricating action and healing influence on the minute excoriations of the intestines caused by abnormally hard feces. He gives one or two tablespoon-

fuls after dinner at night, or before breakfast, keeping it up for two or three weeks and repeating the course as needed. He believes it a marvelous means of keeping constipation under control, without drastic measures. It aims at a lasting cure in time.

Diet of Children.—In an article on this subject in the *Journal of the American Medical Association* it is stated that the minimum quantity of water taken by a child two years old should be a liter, or quart, increasing to about three pints for a child of seven. For constipation in young children, two months to a year old, apple pulp, apple sauce, or prune pulp is advised, one to three tablespoonfuls. A common mistake during the second year is to contiuue the giving of large quantities of milk at the expense of a more varied diet, an occasional egg, baked potato, macaroni, dry toast with a little butter, bread, etc. A small quantity of green vegetables, thoroughly cooked and strained, is beneficial. Simple deserts, junket, custard, tapioca, etc., may be given.

Death of Nisser.—Albert Nisser, the discoverer of the gonococcus, has died at Berlin. His discovery was made in 1879 and he was one of the first to insist on the tuberculous nature of lupus. He was particularly active in studying the prophylaxis of venereal diseases in general.

Erysipelas and Diphtheria Serums.—The *Medical Record* comments upon the treatment of erysipelas by means of ordinary diphtheria antitoxin. A German experimenter reported that a case of facial erysipelas, which would not yield to ichthyol applications, was cured by injections of antitoxin. The face and scalp were involved and there was a high morning temperature. Three thousand units were injected, the swelling decreased and disappeared at the end of twenty-four hours but areas of tenderness remained in the scalp, one thousand more units were given and in five days the patient was discharged cured.

Experiments with Magnesium Sulphate.—An interesting discussion on this subject at the meeting of the American Association of Anaesthetists is reported in the *Journal of the American Medical Association*. It is said to depress the entire nervous system and even produces anaesthesia. Three men operated upon after intravenous injections of magnesium sulphate felt no pain, one of them did not believe the operation had been performed. It is hoped no one will undertake its use until further experiment has shown just how it should be employed. One doctor stated that the only severe case of tetanus he ever saw recover was saved by intraspinal injections of magnesium sulphate. It was also said to be a good remedy to apply to burns of the first and second degree.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

A REPLY

DEAR EDITOR: An article on "Ethics" was written lately by Nancy E. Cadmus, asking several searching questions. I shall try to answer a few of them.

First, "Why is it true that so large a percentage of graduate nurses are reluctant to advocate a nurse training for sister or friend?"

The training of a graduate nurse is full of petty troubles and worries; these are magnified, as after long hours of arduous work her mind is not easily diverted and she is often too tired for recreation. Looking back on this training, although the severity and discipline are necessary, the graduate would induce her sister or friend to seek work where less self-sacrifice is needed. Teachers and workers in offices, stores, factories, etc., have definite hours of leisure and can plan their amusements. Nurses in training are nearly always disappointed when they plan to do anything special on their precious weekly afternoon. This may seem trivial, but it causes much bitterness during training. Who has not been nearly reduced to tears over the failure to keep "a date?" Who would wish a sister to suffer the embarrassments connected with nursing and undertake the distasteful work of a probationer? Training is so hard that the nurse who finishes the course feels great thankfulness that strength has been given her to endure to the end, but she would dislike the idea of anyone she cared for entering the work.

Second, "If the whole question of the uniform of the nurse is one surrounded by entirely good reasons for regarding it so peculiarly a feature in nursing life, why do we find so determined a spirit on the part of some, even many, graduate nurses to degrade it? I refer to wearing it on the street and in places where no nursing use is connected with it, to the use of jewelry, lace, embroidery and to resorting to extremes in cut and material. The abolition of the allowance to the nurse in training and the supplying of the uniform by the schools would seem to be one step towards securing, in a measure, a better ethical attitude in the matter of the uniform."

Nurses who have any idea of the fitness of things would never wear their uniform when publicity made it out of place. The uniform is often worn in the street from laziness, the nurse thinks she is too tired or too busy to change her clothes; sometimes it is done to be conspicuous. Who will say which reason is the more unethical? To wear jewelry, lace or embroidery with a uniform shows great want of judgment. When nurses are better educated and have a higher standard they will give the respect due their badge of office. Women who have not good taste in dress will follow their inclination, when out of the training school, regardless of common sense and what they have been taught, and will wear clothing absurdly out of place. To abolish the allowance removes all responsibility from the pupil, but she gains experience from having charge of her uniform, a knowledge of its value and the necessity for correct fitting.

AN UNDERGRADUATE.

WHAT A YOUNG WOMAN'S BUSINESS CLUB HAS DONE

DEAR EDITOR: As the social side of the nurse who is located in a small town has little opportunity for development, I thought perhaps some of the nurses thus situated might be interested in the organization of a young woman's business club. A club of this nature was organized in Jackson about six months ago (not by a nurse, however). Its constitution provides that any white woman of good character and standing in the state of Mississippi who is actively engaged in wage-earning or who is recognized as a business woman, may become a member. The purpose of the organization is to provide means of getting better acquainted, to endeavor to elevate the standard of the vocation in which each member is engaged, and to work together for the good of Jackson and the club. The dues are ten cents a month. On birthdays, each member gives as many pennies as she is years old. The club numbers 300 members.

This summer the club provided for a swimming class once a week and for gymnasium work twice a week. Women who had almost forgotten how to play, joined, and now claim that the "Gym and Swim" exercises aided them materially in going through the hot summer. The club takes an interest in all matters pertaining to the welfare of the community. It purchased and presented a flag to one of the state regiments, aided in furnishing the visiting nurses' office and was instrumental in securing the consent of the business houses to close one afternoon each week during the summer months. The monthly meetings are usually social affairs. At the last meeting the Young Men's Business Club entertained the entire organization at a watermelon party. In towns where there is no Young Women's Christian Association or nursing association, a nurse would get much pleasure and profit from bringing about the organization of such a body of women.

Mississippi. F. E. H.

A COTTAGE HOSPITAL

DEAR EDITOR: Nearly five years ago, I came to this county seat of about 5000 inhabitants, with a good practical business woman who had had some experience in nursing. We took a house that has been newly plastered and painted, visited the doctors and told them we would care for any cases they would send us. There was in the town a well-equipped hospital, owned and operated by a doctor, but for various reasons neither he nor his hospital were popular and all the other physicians were sending their operative cases out of town. Before our house was in order the patients began to come and during the first year we paid our running expenses and had made a good payment on our equipment. During the first two years we employed the local graduate nurses when we needed extra help, which made our expenses heavy. During the second year our business increased and we were doing well when one of the doctors who did a good deal of surgical work suggested an insurance scheme for miners which looked to us like a get-rich-quick, graft scheme, so we did not take it up. Later we learned that this doctor had rented a house and was promising to care for the miners and their families if they would sign a contract to pay fifty cents a month for a year, the money to be sent from the mine office and deducted from the miners' wages. This seemed to appeal to them and they signed so fast that we lost many cases and began to fear the doctor was right when he boasted that he would soon have the only hospital in town. We did not like to be worsted, so we kept on and were

able to pay expenses, though with very little remuneration for our own services. Then we began employing and training women who would have liked to enter a training school but were prevented by the age limit or who had home ties which prevented their entering other schools, paying them a fair amount from the first. This is the point I would like to emphasize. These helpers have proved very satisfactory. We have five who have homes and who come when we need them. They do good work and are good students as well. One has had three years with us and is a good surgical and operating room nurse. They are all very dependable, more so than young girls. They understand from the first that the work here will not prepare them to go out as graduates. They have plenty of calls but prefer hospital work so do very little outside. So far they have never charged more than $15 a week when working on private cases. Occasionally a young girl comes for a time to find out whether she likes the work well enough to take the training in a larger hospital. Our equipment is still meagre and we are obliged to improvise a good deal, but we have been very successful with our cases. We have a fine location and are having our share of patronage and are making expenses. I am, myself, a graduate of twenty-five years' standing and have done private duty most of that time, so I enjoy being at home in one place, though it has not been easy and the hours have been long. I should never advise young nurses to take up this kind of work, but I do believe it is a good field for the older women who, like myself, are at a time of life when it is almost impossible to care for themselves in other peoples' homes and live with the supplies they can carry in a suit case, yet can do good hard work in a home of their own. Our income this past year was $4000 and if conditions and prices were normal we ought to have a fair amount beside living well.

Iowa. C. D. M.

TOO LATE FOR CLASSIFICATION

ARKANSAS

THE ARKANSAS STATE GRADUATE NURSES' ASSOCIATION will hold its annual meeting in Hot Springs, November 7, 8 and 9. All members are requested to be present.

INDIANA

THE INDIANA STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examination at the Capitol Building, Indianapolis, November 15 and 16, 1916.

EDNA HUMPHREY, *Secretary*,
Crawfordsville, Ind.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

American Nurses' Association

The effort to secure a national charter for the American Nurses' Association, to take the place of the present incorporation under the laws of New York State, is well under way. A bill was drawn up for the association by Mr. John W. Davis, Solicitor General and Counsel for the American Red Cross. It provides for the administration of the present and future funds of the association, provides for the carrying on of the JOURNAL and permits the selection of directors according to the wishes of the members, which means that the presidents of the two affiliated national organizations can be made members ex officio. This bill has passed the United States Senate and will be introduced in the House of Representatives early in its next session. Members of the American Nurses' Association are urged to write to their representatives in Congress, giving it their endorsement. The text of the bill follows. Additional copies may be had, on request, from the secretary. The persons named in the first paragraph are the present directors.

SENATE BILL, 6667

A BILL TO INCORPORATE THE AMERICAN NURSES' ASSOCIATION

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled That Annie W. Goodrich, Adda Eldredge, Elsie M. Lawler, Katharine De Witt, M. Louise Twiss, Helen B. Criswell, S. Lillian Clayton, Jane A. Delano, Mary M. Riddle, Ella Phillips Crandall, Mathild Krueger, and their associates and successors are hereby created a body corporate in the District of Columbia.

SEC. 2. That the name of this corporation shall be "The American Nurses' Association," and by that name it shall have perpetual succession, with power to sue and be sued in courts of law and equity within the jurisdiction of the United States; to adopt and use a common seal and to alter the same at pleasure to acquire by devise, bequest, or otherwise and to have and to hold such real and personal estate as shall be deemed advisable; to administer all funds and property held for the purposes of the corporation; to mortgage or otherwise encumber, should it be necessary so to do, the real estate which it may hereafter own or acquire, and to give therefor such evidence of indebtedness as such corporation may decide upon; to ordain and establish by-laws and regulations not inconsistent with the laws of the United States of America or any State thereof; and generally to do all such acts and things (including the establishment of regulations for the election of associates and successors) as may be necessary to carry into effect the provisions of this Act and to promote the purposes of said organization.

SEC. 3. That the purposes of this corporation are and shall be to promote the professional and educational advancement of nurses in every proper way; to establish and maintain a code of ethics among nurses; to elevate the standard of nursing education; to distribute relief to such nurses as may become ill, disabled, or destitute; to disseminate information on the subject of nursing by pub-

lications in official periodicals or otherwise; to bring into communication with each other the various nurses and associations and federations of nurses throughout the United States of America; and to succeed to all the rights and property held by the American Nurses' Association as a corporation duly incorporated under and by virtue of the laws of the State of New York.

SEC. 4. That the corporation may adopt by-laws for the admission and qualification of members, the election of officers, the management of its property, and the regulation of its affairs, with a governing body so constituted as may be deemed advisable, and with power to amend by-laws at pleasure.

SEC. 5. That the principal office of the corporation shall be located at Washington, in the District of Columbia, but offices may be maintained and meetings of the corporation may be held at such times and places as the corporation may designate, and meetings of the directors, or such other officers as constitute the governing body, may be held at such times and places as they shall designate.

SEC. 6. That Congress shall have the right to repeal, alter, or amend this Act at any time.

THE NURSES' RELIEF FUND

The following State Relief Fund Committees have been appointed in accordance with the request of the Relief Fund Committee of the American Nurses' Association: *California*, chairman, Janette L. Peterson, 235 Los Robles Avenue, Pasadena; *Nebraska*, Carrie S. Louer, 16th and Yates Street, Omaha; *New York*, Emma H. Kehrig, 45 S. Union Street, Rochester; *North Dakota*, Agnes Patterson, 816 Chestnut Street, Grand Forks.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND, SEPTEMBER 13, 1916

Previously acknowledged	$25,416.52
Nurses' Alumnae Association, Colorado Training School, Denver, Col.	15.00
Minnesota State Graduate Nurses' Association	25.00
A. F. Steffen, Litchfield, Minn.	1.00
Lakeside Hospital Alumnae, Cleveland, Ohio	90.50
Pupil nurses, Rochester General Hospital, Rochester, N. Y.	8.00
Eunice A. Smith, Superintendent of Nurses, Rochester General Hospital, Rochester, N. Y.	10.00
Lakeside Hospital School for Nurses, Cleveland, O.	119.00
La Crosse County Nurses' Association, La Crosse, Wis.	10.00
Total	$25,695.24

All drafts, money orders, etc., should be made payable to the Merchants Loan and Trust Company, Chicago, Illinois. All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Massachusetts.

MARY M. RIDDLE, *Treasurer.*

NAVY NURSE CORPS

Appointments,—Carolyn D. Abplanalp, State Hospital, Scranton, Pa., Charge Nurse Ithaca City Hospital, N. Y.; Mrs. Edith E. Bair, Lancaster General Hospital, Pa.; Carolyn Minton, Good Samaritan Hospital, Los Angeles, Cal.;

Edith Hayden, of Ranches of Taos, N. M., St. Joseph's Hospital, St. Joseph, Mo.; Meta A. Stone, Colorado Training School, Denver, Col., Charge Nurse, General Hospital, Yampa, Col.; Hasel Dean Hamlin, James Walker Memorial Hospital, Wilmington, N. C.; Florence Baker Duley, of Brookline, Mass., Trull Hospital Biddeford, Me., Post Graduate Course, Corey Hill, Hospital Brookline, Mass., Katherine Stein, of Overbrook, Pa., Protestant Episcopal Hospital, Philadelphia, Pa.; Lela B. Coleman, of Port Arthur, Texas, Charity Hospital, New Orleans, La.; Louise A. Bennett, of Boston, Mass., Boston City Hospital, Mass., European Service with American Red Cross; Myrtle M. Snyder, of Philadelphia, Pa., Punxsutawney Hospital, Pa., Post-graduate course Municipal Hospital, Philadelphia, Pa.; Mary A. Cronin, of Malden, Mass., Boston City Hospital, Mass.; Assistant Sup't., Union Hospital, Fall River, Mass., Assistant Sup't., Psychopathic Hospital, Boston, Mass.; Mary W. Devine, of Washington, D. C., Georgetown University Hospital, Washington, D. C., Rebecca A. Welch, of Anna, Texas, St. Vincent's Sanitarium, Sherman, Tex., Charge Nurse Dennison City Hospital; Ada W. Smith, of Richland Highlands, Wash., Protestant Episcopal Hospital, Philadelphia, Pa.

Transfers.—Edith Hayden, to Mare Island, Cal.; Mary H. Humphrey, to Washington; Lily E. White, to Norfolk, Va.; Carolyn D. Abplanalp, to Philadelphia, Pa.; Hasel Dean Hamlin, to Norfolk, Va.; Mrs. Edith R. Bair, to Philadelphia, Pa.; Margaret Pierce, to Chelsea, Mass.; Anne M. V. Hoctor, to Canacao, P. I.; Agnes M. Quinlan, to Newport, R. I.; Carolyn Minton, to Mare Island, Cal.; Katherine Stein, to Annapolis, Md.; Alice Henderson, to New York, N. Y.; Mrs. Harriet Crawford and Lela B. Coleman, to Norfolk, Va.; Harriet K. Kavanaugh, to Chelsea, Mass.; Marion L. Wilson, to Newport, R. I.; Mary V. Hamlin, to Chelsea, Mass.; Marie L. Anton, to Guam, M. I.; Mrs. Galena W. Deignan, to Washington, D. C.; Mary A. Cronin, to Norfolk, Va.; Myrtle M. Snyder, to New York, N. Y.; Louise A. Bennett, to Chelsea, Mass.; Mary W. Devine, to Washington, D. C.; Florence Baker Duley, to Norfolk; Meta A. Stone and Ada W. Smith, to Mare Island, Cal.; Anna G. Davis, to Annapolis, Md.; Elsie T. Brooke, to Washington, D. C.; Rebecca A. Welch, to Mare Island, Cal.; Eleanor Gallaher, to Annapolis; Mary Jordan Anderson, to Mare Island, Cal.

Honorable Discharge.—Ethel Rossiter Swan.

Resignations.—Norma McEachron, Blanche Finger, Hasel Crowl, Eva E. MacLeod, Charlotte MacNally, Selina M. Griffith, Bess Givens Rader.

LENAH S. HIGBEE,
Superintendent, Nurse Corps.

ARMY NURSE CORPS

Appointments.—Grace E. Canham, graduate of Woman's Hospital, Buffalo, N. Y., and post graduate work at J. N. Adams Memorial Hospital, Perrysburg, N. Y.; Lola Charlton, Samaritan Hospital, Philadelphia, Pa.; Mary Beall Goforth, St. Luke's Hospital, South Bethlehem, Pa.; Barbara A. Lidle, Christine Tref's Training School, German Hospital, Newark, N. J; Mary J. Mahoney, St. Agnes' Hospital, Baltimore, Md.; Grace M. Sweitser, St. Agnes' Hospital, Baltimore, Md.; Ella M. MacGregor, Long Island Hospital, Boston, Mass.; Anne L. Gallagher, St. Mary's Hospital, Philadelphia, Pa.; Anna B. Farrel, Long Island Hospital, Boston, Mass.; Elsa E. Ruttkamp and Emma M. Ruttkamp, Homeopathic Hospital, Pittsburgh, Pa.; Marie I. Caldwell, Chester County Hospital, West Chester, Pa.; Mary V. Brelsford, Allentown Hospital, Allentown, Pa.;

Helen F. MacDonald, St. Agnes Hospital, Philadelphia, Pa.; Agnes M. Combs, St. Joseph's Hospital, Reading, Pa.; Stella M. Bailey, Peninsula General Hospital, Salisbury, Md.; Nora V. Reilly, Middletown Homeopathic Hospital, Middletown, N. Y., post graduate work at Mount Sinai, Misericordia and Riverside Hospitals, New York, N. Y.; Anna McGonigle, Mary Immaculate Hospital, Jamaica, N. Y.; Mamie O. High, Harrisburg, General Hospital, Harrisburg, Pa.; Mary E. Kieffer, St. Mary's Hospital, Philadelphia, Pa.; Lena B. Granner, Faxton Hospital, Utica, N. Y.; Nell A. Beardsley, Polyclinic Hospital, Philadelphia, Pa.; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. Nellie E. Davis, St. Joseph's Hospital, Denver, Colorado; Laura F. Lake, Tacoma General Hospital, Tacoma, Wash.; Florence M. Cassels, Good Samaritan Hospital, Portland, Ore.; Marian Simmons, Charity Hospital, New Orleans, post graduate work in Mount Sinai Hospital, New York, N. Y.; Lillian A. Johnson, Connecticut Training School for Nurses, New Haven General Hospital, New Haven, Conn., post graduate Illinois Training School, Chicago, Ill.; Vera F. Thompson, Seattle General Hospital, Seattle, Wash.; assigned to duty at the Letterman General Hospital, San Francisco, Cal.; Mary A. Buzzard, Centenary Hospital, St. Louis, Mo.; assigned to duty at Army and Navy General Hospital, Hot Springs, Ark.

Re-appointment.—Eletta A. Worcester, Taunton State Hospital, and post graduate work at Boston City Hospital, Boston, Mass.; assigned to duty at Walter Reed General Hospital, Takoma Park, D. C.

Transfers.—To Army General Hospital, Fort Bayard, N. M.: Marie I. Caldwell, Barbara A. Lidle. To Letterman General Hospital, San Francisco, California: Clara Belle White, Damie E. Henry, Grace E. Canham, Elsa E. Ruttkamp, Emma M. Ruttkamp, Daisy D. Smith, Mae V. Sullivan, Helen Nevin. To Base Hospital, Fort Sam Houston, San Antonio, Texas: Mary C. Beecroft, Ethel V. Frost, Laura O. Hale, Elizabeth A. Snyder, Anna R. Smith, Edith L. Sutcliffe. To Camp Hospital, Laredo, Texas: Mary E. Sheehan, with assignment as chief nurse; Clara E. Ellwanger, Wilhelmina M. Dusossoit, Helen R. Brandon. To Camp Hospital, Douglas, Ariz: Edna M. Beyrer, with assignment to duty as chief nurse; Anna J. Crowley, Anna H. Johnson, Elizabeth J. Kenny. To Camp Hospital, McAllen, Texas: Anne L. Caenan, with assignment to duty as chief nurse; Ethel V. Frost. To Camp Hospital, Nogales, Ariz.: Evangeline G. Bovard, with assignment to duty as chief nurse; Emily Baus, Isabelle Smith, Katherine T. Sullivan. To Camp Hospital, Deming, N. M.: Edith A. Mury, with assignment to duty as chief nurse; L. Eleanor Langstaff, Mary P. Kelly, Margaret M. Redmond. To Camp Hospital, Eagle Pass, Texas: Elsie Neff, with assignment to duty as chief nurse; Florence M. Bailly, Bertha E. Buell, Ida E. German, Laura C. Heston, Catherine L. Leary, Agnes I. Skerry, Augusta H. Timos. To camp Hospital, Llano Grande, Texas: Agnes F. James, assigned to duty as chief nurse; Eletta A. Worcester, Lola Charlton, Anne L. Gallagher. To Manila, P. I., for duty in Philippines Department: Ruby Rapp.

Discharges.—Mary S. Holden, Mary Beall Goforth, Sarah A. Glossop.

RESERVE NURSES, ARMY NURSE CORPS.

The enrolled nurses of the American Red Cross constitute the reserve of the Army Nurse Corps and in time of war or other emergency may, with their own consent, be assigned to active duty in the corps. Therefore when the need arose for a large number of nurses for duty in the camp and base hospitals on

the border, the surgeon general requested the Red Cross to nominate from its enrolled nurses a large number who would be willing to serve at this time.

Of the nurses nominated the following were selected for service and have been sent to the hospitals named: To Base Hospital, Fort Sam Houston, San Antonio, Texas. From Washington, D. C.: Lula T. Lloyd, Rubie L. Venable, Mary Ethel Teague, Nellie Rothwell, Dora V. Krebs, Mary E. Noone, Ellen Ada Haydon, Katherine C. Glancy, Sarah B. Corson, Mottie Good, Alice E. Hale, Katherine M. Jolliffe. From San Antonio, Texas: Mary L. Applewhite and Elsie Stoltzfus. From Dallas, Texas: Antionette Ahlschier, Elizabeth E. O'Keefe, Alma F. Carson, Lura Bridge, Olive J. Burke, Rose A. Morris. From Birmingham, Ala.: Lillian Belle Dixon, Harry Belle Durant, Bertha A. Thompson, Verna E. Glasner, Helen Louise Shepherd, Josephine Palmes, Stella Lorie Teague, Margaret H. Patterson. From Detroit, Mich.: Mary E. Du Paul, Donna L. Sutliff. From Boston, Mass.: Della M. Currier, Belinda Scanlan. From New York, N. Y.: Marie K. Falconer, Edith A. J. Howard.

To Camp Hospital, Brownsville, Texas: From Norfolk, Va.: Minerva A. O'Neal, Minnie E. Hundley. From Omaha, Neb.: Emma Anderson. From Philadelphia, Pa.: Edith L. Wood. From Buffalo, N. Y.: Dora Scheuer, Vera V. Dunkle, Mildred Engeland, Grace C. Hammond, Jessie C. Mallory.

To Camp Hospital, Laredo, Texas: From Atlanta, Ga.: Florence Atwell, Marie Williams, Margaret Florence Evans, Lucia Massee, Katheryn F. Crowley, Leonor A. Field.

To Camp Hospital, Douglas, Ariz.: From Washington, D. C.: Margaret W. McGary, Nannie B. Hardy, Harriet P. Hankins, Grace L. Stoek, Leola L. Nichols, Marjorie D. Woodzell.

To Camp Hospital, Deming, N. M.: Marie A. Shields and Ina May Clark from Cleveland, Ohio. From Dayton, Ohio: Cora V. Moore. From Canton, Ohio: Mabel Firestone. From New York, N. Y.: Katherine P. Duelle, Clara L. Horn.

To Camp Hospital, Nogales, Ariz.: From Denver, Colo.: Margaret B. Otis, Mabel A. Light, Helen M. Dixon, Mae Estella Walton, Eva L. Fortman, Harriet E. Hart, Virginia Carnahan, Margaret F. Hamilton, Elizabeth M. Long, Leonora Rall. From Rochester, N. Y.: Ruth M. Randall, Hazel Vegiard.

To Camp Hospital, Eagle Pass, Texas: From Columbus, Ohio: Nell Floss Steel, Mary Elizabeth Taylor, Sylvia Patterson, Mary M. Miller, Mary Elizabeth O'Donnel, Bertha A. Sells, Nellie F. Rabold, Mary Florence Tallman, Mabel Shipley, Josephine Kennedy. From New Orleans, La.: Lottie Glasener, Mary Ann Kief, Maud F. Mims, Mary P. Little. From Denver, Colo.: Anna May Barr. From Baltimore, Md.: Florence P. Kennedy.

To Camp Hospital, McAllen, Texas: From New York City, N. Y.: Katherine Kerr, Myra R. Hackett. From Birmingham, Ala.: Eida E. Petersen, Mae Rowan, and Mattie L. Hinson. From Selma, Ala.: C. Marie Hansen. From Cincinnati, Ohio: Cynthia Richardson, Elsie Magnus. From Augusta, Ga.: Emma L. Dozier, Charlotte E. Thomas.

To Base Hospital, Fort Bliss, Texas: From Cleveland, Ohio: Hanna Buchanan, Ethel M. Hanson, From New Jersey: Ellen Jane Thomas, Lilly A. Anderson, A. Florence Hodgson, Clair Jones, Linda K. Meirs, Lillian C. Fox, Emily L. Jummel, Grace Wilday, Laura E. Wilde, Frances A. Long. From New York, N. Y.: Isabelle MacMaster, Gertrude D. Willard.

To Camp Hospital, Llano Grande, Texas: From Sioux City, Iowa: Nellie

M. Porter, Katherine Aten, Edith G. Becker, Florence Griswold, Catherine Hoffman, Jenny C. Robertson, Laura C. Leeder, Marie Ohge, Abbie M. Taber. From Crookston, Minn.: Hilda L. Twedten, Ida E. Twedten.

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

THE AMERICAN ASSOCIATION FOR THE STUDY AND PREVENTION OF INFANT MORTALITY will hold its seventh annual meeting in Milwaukee, Wisc., October 19, 20 and 21, with headquarters at the Hotel Wisconsin. The sessions of special interest to nurses will be Thursday morning, October 19, Obstetrics; and Thursday evening, Pediatrics; Friday afternoon, Public School Education; Saturday morning, Nursing and Social Work, with a Round Table Conference in the afternoon. The chairman of the session on Nursing and Social Work is Elisabeth Shaver, Louisville.

Canada: Welland.—LUCETTA J. GROSS has been employed by the Electric Steel and Metals Company to look after the welfare of its women munition workers. Miss Gross is a graduate of the Boston City Hospital and has held executive positions in the Buffalo General Hospital and in Grace Hospital, Detroit.

Colorado.—THE COLORADO STATE TRAINED NURSES' ASSOCIATION held its fall meeting at Colorado Springs on September 4. Carrie Moore gave a very interesting report of the New Orleans meeting. The proposed plan for the revision of the membership clause, as suggested by the American Nurses' Association, was left in the hands of a large committee. **Denver.**—THE COLORADO COMMITTEE ON RED CROSS NURSING SERVICE recommended ten Red Cross nurses for service in the Base Hospital, Nogales, Arizona; and to Eagle Pass, one. They left Denver on September 1.

District of Columbia: Washington.—THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses, November 22, 1916. Applications must be made before November 8, 1916, to Helen W. Gardner, secretary and treasurer, 1337 K Street, Washington, D. C.

Florida.—THE FLORIDA STATE ASSOCIATION OF GRADUATE NURSES will hold its annual meeting on Friday, October 27, in the Hall of the Professional Building, Jacksonville. On Saturday morning, October 28, the members of the Florida League of Nursing Education and of the Public Health Nursing Association will hold meetings at the Hotel Windel. The Board of Examiners of Nurses will meet at the Hotel Windel, Jacksonville, October 25 and 26. **Lakeland.**—MORRELL MEMORIAL HOSPITAL was formally opened on July 25 for inspection by the public. The superintendent is Margaret Angland, who has held executive positions at Albany, Georgia; St. Luke's, Jacksonville; and at the New Riverside, Newport News, Va.

Georgia: Augusta.—MRS. AGNES C. HARTRIDGE, well-known in nursing work in Georgia, has accepted the position made vacant at the University Hospital by the illness of Miss Moran, under the newly-created title of superintendent of nurses and principal of the school. Mrs. Hartridge has for the past few years been in charge of the Pine Heights Sanatorium at North Augusta. Her assistant at the University Hospital is Elizabeth Mills, class of 1915, Johns Hopkins Hospital.

Illinois.—THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will hold an examination for the registration of graduate nurses in Chicago, October 18 and 19, 1916. For full information and application blanks, address the secretary,

Anna L. Tittman, Capitol Building, Springfield, Ill. **Monmouth.**—The Eighth District of the Illinois State Association met in the Commercial Club Rooms, August 17, with a good attendance. Papers were read by Dr. H. M. Camp on The Trained Nurse as a Public Health Factor and by Gertrude Beard on Physical Therapy and its Relation to the Physician and Surgeon. An invitation was accepted to hold a union meeting with the Fifth District in Moline on September 30. Mrs. M. Pearl Ringland of Quincy and Olive Huey of Monmouth were chosen delegates to the State Association meeting in Peoria with Jessamine Smith of Quincy and Gertrude Beard of Monmouth as alternates. Monmouth Hospital has as its new superintendent, Mrs. Mary Mosher, class of 1908, Saratoga Hospital, Saratoga, N. Y. She succeeds Elizabeth Proctor, who will rest for a time at her home in Sterling. Mrs. Mosher took postgraduate work at the Corey Hill Hospital, Boston, and has been superintendent of a training school in Wichita, Kan. **Quincy.**—Lyla Biddinger, recently a member of the Visiting Nurse Association, Chicago, has accepted a similar position here.

Indiana: Lafayette.—Graduates of the Lafayette Home Hospital Training School have recently organised an alumnae association with the following officers: president, Lisbeth Hefner; vice president, Margaret Kennedy; secretary and treasurer, Mabel Kants. Seventy-five nurses have graduated from the school since its organization in 1898.

Iowa.—The Examination for the Registration of Nurses will be held in Des Moines, October 24, 25 and 26, 1916, by the State Board of Examiners. **Des Moines.**—The Registered Nurses Association met in the Fleming Building, September 6. A paper on Infantile Paralysis was presented, Veronica Stapleton being chairman for the afternoon. Edna Snyder, registrar, gave a report of the directory for the preceding three months which showed 168 names on the list, September 1. Miss Ballantyne announced the resignation of Miss Snyder. It was decided to ask Miss Goodrich to be the guest of the Association on November 11. Ottilia Ridell has resigned as superintendent of the Iowa Lutheran Hospital Training School; she is succeeded by Emma Sater, a graduate of the Presbyterian School for Nurses in Chicago who has served for some time as night superintendent in the Presbyterian Hospital. Several changes have been made in the staff of the Iowa Methodist Hospital Training School: Edith Blair, class of 1914, Wesley Hospital, Chicago, has been appointed night superintendent, Faith Ankeney, of the same class, is a supervisor; and Ethel Anderson, supervisor of the children's ward. Laura Chennell, of the King's County Hospital, Brooklyn, and Lillian McPherson, class of 1913, Iowa Methodist Hospital, Des Moines, have been appointed school nurses. **Council Bluffs.**—Anna Winger, class of 1914, Iowa State University Training School, has been made assistant superintendent of the Jennie Edmundsen Memorial Hospital Training School. Ora Hart has been made dietitian in the same school, having just completed a course in this subject at the City Hospital, Youngstown, Ohio. **Boone.**—Irene Kennedy, graduate of St. Joseph's Hospital, Carroll, has been appointed assistant superintendent at the Eleanor Moore Hospital. Louise Rose, class of 1914, Eleanor Moore Hospital, has accepted the position of office nurse for Dr. Deering. **Iowa City.**—Augusta Stiscola, a graduate of the Chicago Union Hospital, has been made a head nurse at the Iowa State University Hospital. **Indianola.**—Dolly Burkholder, class of 1916, Des Moines General Hospital, has been made superintendent of Alden Hospital. **Perry.**—Rozie Blake, a graduate of Mercy Hospital, Des Moines, has accepted the position of superintendent of the King's Daughters' Hospital.

KENTUCKY

The amended bill for state registration which went into effect on June 16, 1916, reads as follows:

AN ACT to amend and re-enact subsections 2, 4, 5, 8 and 10 of Section 3727a, Kentucky Statutes, 1915 edition.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

SECTION 1. That within thirty days from the time this act becomes effective the Governor of the State shall appoint a board to be known as "State Board of Examiners of Trained Nurses." Said board shall be composed of five members, who shall be elected from a list of ten names proposed in writing by the Kentucky State Association of Graduate Nurses At the time of appointment the members of said board must be actual residents of this State and engaged in the work of trained nurses. They shall have been graduated for a period of at least five years prior to their appointment from a reputable training school for nurses, and, with the exception of those appointed as the first members of said board, shall have been registered under the provisions of this act. The members of said board shall hold their respective positions for four years and until their successors are appointed and qualified. Upon the expiration of their terms of office the Governor shall appoint a new board of like number and qualification, but in making such appointments he shall reappoint at least two of the members first appointed by him, such appointments to be made upon similar recommendations. The Governor shall have a right to remove any member of said board for a continued neglect of duty, and he shall have a right to fill all vacancies occurring in said board from time to time in the same manner as original appointments are provided for herein.

SEC. 2. As amended: Said Board of Examiners shall, immediately after their appointment or as soon as practical thereafter, meet in the city of Frankfort and organize by the election of one of their number as President and a Secretary and Treasurer, who shall likewise act as inspector of training schools for nurses in this State. Three members shall constitute a quorum for the transaction of business, and said board shall have the right to enact such by-laws as may be necessary for their government not in conflict with the laws of this State.

SEC. 3. Said board shall adopt a seal, and the Secretary shall keep a record of all the proceedings of said board, including a register of the names of all nurses and training schools for nurses registered under this act. Said register shall at all reasonable times be open to public inspection, and said inspector shall inspect all training schools for nurses existing in the State of Kentucky, and shall register such schools as fulfill the requirements of this act. Said board shall cause the prosecution of all persons violating the provisions of this act, and may incur the necessary expenses in so doing.

SEC. 4. As amended: The salary of the Secretary shall be fixed by the board, and shall not be less than one hundred dollars nor more than twelve hundred dollars per annum. The other members of the board shall receive five dollars per day for each day actually engaged in attendance upon the meetings of said board; and the expenses incurred in going to and coming from the place of meetings, and inspection of training schools for nurses, and all legitimate and necessary expenses incurred in performance of duties. All expenses of the board, including all salaries and compensation, shall be paid from the fees received by said board by the State Treasurer upon monthly itemized statements of sala-

ries and expenses submitted to the State Auditor out of said fund exclusively. A report of all receipts and expenditures shall be made to the Governor on or about December 15th of each year after the passage of this act. All moneys and receipts of such board shall be kept in a special fund by and for the use of said board exclusively by the Treasurer of the Commonwealth of Kentucky.

SEC. 5. As amended: It shall be the duty of the board to meet for the purpose of holding examinations not less than once in each year at such time and place as they may determine, and the board may adopt rules for its government and examination of applicants for registration in accordance with the provisions of this act. Notices of the meetings of said board shall be published in two newspapers of general circulation, and in at least one journal devoted to the interests of professional nursing, and after applicants are received, notice by mail to every applicant and to every reputable training school in this State at least thirty days prior to the meeting. At such a meeting it shall be the duty of said board to examine all applicants for registration under the provisions of this act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the provisions of this act and passed such examination, a certificate of registration. Any person to whom a certificate of registration shall be issued shall, within thirty days thereafter, cause the same to be recorded with the County Clerk of the county in which such person resides at the time of application, and such person shall be prepared, whenever requested, to exhibit such certificate or certified copy thereof. Registered nurses changing residence in this State must present a certificate of registration to the County Clerk of the county of their new residence within thirty days of the time of establishing such new residence. All applicants for registration shall furnish satisfactory evidence that he or she is at least twenty-two years of age, of good moral character, and has been graduated from a school for nurses connected with a special hospital, or infirmary, or general hospital approved by said board, where a systematic course of at least three years' instruction is given, and such applicants shall produce satisfactory evidence that he or she had at least one year's training in a high school or some school equivalent to a high school, except in cases hereinafter provided for, and all persons registered under the provisions of this act shall pay to the Treasurer of said board a registration fee of ten dollars, which shall accompany the application, and shall annually thereafter pay to said Treasurer a renewal fee of one dollar, all of which shall be covered into the State treasury. The said board shall have full discretion to determine whether any hospital or infirmary with which applicants must have been connected meets the requirements of this act, and if said board is of the opinion that any such hospital or infirmary does not furnish the proper training or instructions to applicants having been connected therewith, the board may refuse to register said applicants.

Any certificate issued in another State under the laws of such State requiring registration, which may be obtained in such State under like or similar standards to that required in this State, shall be recognized by said board as valid in this State, provided the certificates of registration issued in this State are recognised in such other State, and any nurse holding such certificate from another State may be registered in this State without examination upon the payment of ten dollars. Said board is given full power to determine whether any nurse permitted to register under the provisions of subsection 7 of Section 3727a, Kentucky Statutes, without examination on or before August 1, 1914,

had a good and sufficient reason for not being able to register on or prior to said date, and if said board finds that any nurse was entitled to registration without examination on or prior to said date was prevented from so registering by reason of any matter or thing over which said nurse had no control, said board shall register such nurse the same as if he or she had applied in the time required by said section.

SEC. 6. Before any person, except those herein specifically excepted, shall be given a certificate of registration, such person shall be required to undergo an examination of said board touching his or her qualifications as a trained nurse, and shall pass the same to the satisfaction of the majority of said board. The examination to be given such applicants by said board shall be of such character as to determine the fitness of the applicant to practice professional nursing, and shall include the following subjects, namely: Practical nursing, surgical nursing, obstetrical nursing, hygiene, contagion, diet cooking, materia medica, anatomy, physiology, gynecology, and all other matters deemed necessary and proper by said board to be required of, to establish the fitness and qualification of the applicant.

SEC. 7. All graduate nurses who are honorably engaged in nursing at the time of the passage of this act, and have been residents of the State of Kentucky for six months prior thereto, and who shall show to the satisfaction of the board that he or she is of good moral character and was graduated from a training school connected with a special hospital or infirmary, or a general hospital of good reputation as such school, and who in other respects meets the requirements of this act, shall be entitled to be registered and given a certificate of registration without examination, provided the written application to be so registered shall be filed by such persons with the Secretary of the board on or before August 1, 1914, and all persons who have in good faith been honorably engaged in the practice of trained nursing under a diploma received by them prior to the year 1893, after one year's training in a reputable school, shall in like manner be entitled to a certificate of registration without examination upon the payment of the registration fee of ten dollars. All nurses in training at the time of the passage of this act in a reputable training school supplying a systematic training corresponding to the above standard, provided they graduate therefrom, shall, upon receiving a diploma from said school, be entitled in like manner to register without examination.

SEC. 8. It shall be unlawful for any person to practice nursing as a trained nurse without having obtained a certificate of registration as herein provided.

SEC. 9 (formerly Section 10). The said Board of Examiners may refuse to issue a certificate of registration provided for in this act for any of the following causes:

1. Presentation to the board of any license, certificate or diploma which was illegally or fraudulently obtained, or the practice of fraud or deception in passing an examination.

2. Chronic or persistent inebriety or addiction to a drug habit, which disqualifies the applicant to practice with safety to the public.

3. Any act of dishonesty, or gross incompetency, or any act derogative to the standing or morals of the nursing profession, or any other grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public, and said board may revoke a certificate for any of the causes for which it may refuse to grant a certificate under the provisions of this act.

SEC. 10. In all proceedings for suspension or revocation under this act, the holder of a certificate shall be furnished with a copy of the charges, and shall be given at least thirty days to prepare a defense. He or she shall be heard by said board, in person or by counsel, as he or she may select, and at such hearing, and in all matters arising in the course of their duties, the President and Secretary shall have authority to administer the oath, and at such hearing the board may take oral or written proof for or against the complainants it may deem will best preserve the facts.

In case of refusal, suspension or revocation, the applicant or holder may appeal to the Kentucky State Association of Graduate Nurses at the first annual meeting thereafter, whose decision by a majority vote upon such appeal shall be final.

SEC. 11. This act shall not be construed to interfere in any way with religious institutions which have charge of hospitals, and as such take care of sick in their home or institution, and this act shall not be construed to affect or apply to gratuitous nursing of the sick, "either gratuitously or for compensation" by a friend or member of the family, or to a person nursing the sick who does not in any way assume to be a trained graduate or registered nurse, or hold herself or himself out as discharging the duties of a trained "graduate or registered nurse."

SEC. 12. Any person who has received a certificate according to the provisions of this act shall be styled and known as a registered nurse, and shall be entitled to append the letters "R. N." to his or her name, and no person shall assume or knowingly permit any other person to use such abbreviation "R. N." or any other words or figures after his or her name, or after the name of any other person, for the purpose of indicating that such person is a registered nurse unless registered as required by this act.

SEC. 13. Any person who shall practice as a trained nurse, or in any way represent himself or herself as a trained or registered nurse in this State without holding a certificate of registration as herein provided, or who shall violate any of the provisions of this act, shall be subject to a fine of not less than five dollars nor more than fifteen dollars, and each day such person shall practice or violate any provision of this act shall be deemed a separate offense.

SEC. 14. Any person who shall wilfully make any false representations to such board in applying for a certificate of registration, shall be guilty of a misdemeanor, and upon conviction be fined not more than five hundred dollars.

SEC. 15. All certificates of registration issued by said board shall be signed by the President and Secretary of said board, and have the seal affixed.

SEC. 16. Every person receiving a certificate from said board shall cause the same to be recorded in the office of the County Clerk of the county in which such person resides, and shall pay to the Clerk the sum of fifty cents for recording the same.

All laws and parts of laws in conflict with this act are hereby repealed.

THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold semi-annual examination for state registration of graduate nurses at the Good Samaritan Hospital, Lexington, November 21 and 22, beginning at 9 a.m. For further information, apply to the secretary, Flora E. Keen, Somerset, Ky.

Maryland: Baltimore.—THE UNIVERSITY OF MARYLAND NURSES' ALUMNAE ASSOCIATION held a meeting at the hospital on September 5. Papers about the convention in New Orleans were enthusiastically received.

Massachusetts: Boston.—The Boston Floating Hospital observed its tenth anniversary on August 15, when members of the Cathedral Church of St. Paul paid for both the day and night trips. There were 111 babies in the permanent ward and 62 in the day patients' decks. The Instructive District Nursing Association announces that its courses in public health work, given to graduate nurses, will be taken over by Simmons College which is to establish a department of public health nursing. Anne Strong of New York will be in charge, assisted by Grace O'Bryan who is now director of the educational work of the Instructive District Nursing Association. The Massachusetts Bureau of Prisons has appointed as its parole agent, Elizabeth Devine, graduate of the training school of the State Infirmary at Tewksbury and of the General Memorial Hospital, New York, as a result of a competitive examination in which she received the highest rank. For the past two years Miss Devine has been working with the Massachusetts Commission on Mental Diseases. She has taken the social service course at Boston College and is a member of the Sophomore class at the Portia Law School. Marion E. Smith, class of 1913, New England Hospital for Women and Children, has returned to Canada to take up work with the Victorian Order of Nurses. This order has its headquarters at Ottawa under Mary Catton, a graduate of the Boston City Hospital. Laura F. Carney, graduate of St. Elizabeth's Hospital, is night matron of the Eliot Hospital. Annie Leahy, president of the Carney Hospital Nurses' Alumnae Association, was the delegate chosen to represent the hospital at the National Conference of Catholic Charities held in Washington in September. **Marblehead.**—A Charity Market was held on August 11, in aid of the Visiting Nurse Association which was a great success. **Quincy.**—The Quincy City Hospital held graduating exercises for a class of six, on the lawn of the nurses' home, on September 7. The president of the Board of Trustees presided. Addresses were made by Mary M. Riddle of the Newton Hospital and by Dr. N. S. Hunting of Quincy. The diplomas were presented by Caroline Hill, superintendent of the hospital. The graduating class presented one hundred dollars to the hospital as the nucleus of a fund for a children's ward.

Michigan.—The Michigan State Board of Registration of Nurses will hold their fall examinations in Detroit at Hotel Tuller, November 8, 9, and 10, and in Grand Rapids at the Blodgett Memorial Hospital, November 14, 15 and 16. Mrs. Mary Staines Foy, secretary.

Mississippi.—The Mississippi State Association of Graduate Nurses will hold its sixth annual meeting in Natchez, October 30 and 31. All members are urgently requested to attend. J. P. Cox, secretary, Natchez.

Missouri: Kansas City.—The Kansas City Graduate Nurses' Association held its regular meeting at the Club House on September 6. No business meetings were held during July and August, but three social affairs were held on the Club House lawn and about fifty nurses attended each. The object of these parties was to promote a more social feeling among the nurses and to stimulate interest in the plans for a new club house which the Association hopes to have within a year. The General Hospital alumnae were hostesses after the business meeting. Lubella Adkins, formerly superintendent of the Red Cross Hospital and later of the South West Hospital which was closed on September 1, has accepted a similar position in a hospital in Chillicothe. The General Hospital has made the following changes in its faculty: Nelle Dickey has succeeded Mary I. Bustard as principal of the training school; Helen Harris succeeds Miss Dickey

as surgical supervisor; Grace Vanatta succeeds Faye Lacy as night supervisor and Augusta Manners succeeds Theresa Silkey as floor supervisor.

NEBRASKA

STATE BOARD EXAMINATION, NOVEMBER, 1915

Children's and Infectious Diseases.—1. What responsibility has a nurse in the care of contagious and infectious diseases? 2. In nursing a patient with scarlet fever—(a) What special precautions are necessary to keep the disease from spreading? (b) What are the complications? (c) When may a patient return to school or work? 3. What is the safe method to determine when a diphtheria patient may be released from quarantine? 4. How does the care of contagious diseases differ from the care of an infectious case? 5. (a) Why is it necessary to keep a wet sheet at the door of the room of a patient with a contagious disease? (b) Does this also apply to the room of a patient with an infectious disease? 6. What should be done when a child gets a foreign body in the ear; (b) In the nose? 7. Is it necessary for children to have contagious diseases, common to childhood? 8. What symptom is common in the onset of—(a) pneumonia. (b) scarlet fever. (c) diphtheria. (d) appendicitis. 9. Give some plans for the entertainment and amusement of sick children, stating some of the difficulties to be overcome. 10. What care and management are important in a case of chorea?

Medical Nursing and Urinalysis.—1. What are the symptoms of pneumonia? What are the adverse symptoms and conditions to be watched for when nursing pneumonia? 2. Mention some important measures to be observed in the care of fever patients. State why they are necessary. 3. What special points are to be observed when nursing patients with (a) pneumonia, (b) cardiac diseases, (c) appendicitis? 4. What is the phlebitis? What essential points would you mention in caring for a patient with phlebitis? 5. What are the principal purposes of hot baths and packs? 6. Mention the most common varieties of enemata and their uses. 7. Why is lumbar puncture performed? 8. What is normal urine? 9. What diseases influence the quantity of urine passed? 10. How would you make a test for albumin?

Surgical Nursing and Bacteriology.—1. Give preparation of patient for twenty-four hours preceding any major operation. 2. What are the symptoms of shock and what should a nurse do until the physician arrives? 3. What conditions may cause a rise of temperature after an operation? 4. Describe simple treatment for a sprain, fracture and dislocation, until the physician arrives. 5. Describe your method of sterilizing and arranging instruments and dressings for any major operation. 6. Give a definition of bacteria. 7. Give the names of five diseases caused by bacteria. 8. (a) What type of immunity is conferred by having an attack of typhoid fever? (b) By the administration of antitoxin? 9. Describe the process of taking a diphtheria culture? 10. Give an incident of the practical application of your knowledge of bacteriology as it applies to surgical technique?

Dietetics.—1. What is meant by a calorie? 2. Why does milk become sour? What measures can be used in summer to prevent milk from becoming sour? 3. Name four points which should be considered in feeding patients. 4. Describe five ways of preparing milk and egg, either separately or together with which to vary a liquid diet. 5. Give the theory of cooking starch. 6. What

secretions assist in the digestion of starch? 7. Define digestion and absorption. 8. What is the composition of milk? 9. What is the composition of the egg? 10. What are the five food principles?

Anatomy.—1. Name and locate the largest gland in the body and give its function. 2. Define alimentation, elimination. 3. What is the largest triangular muscle of the back? What is its action? 4. Locate tibia, femur, sternum, scapula and os innominatum. 5. Name the organs contained in the urinary tract. 6. Where do we find Peyer's patches; what disease especially affects them? 7. Give names of outer covering and inner lining of the heart. Name five arteries where the pulse may be taken. 8. What is meant by the lesser circulation? What is the function of the white corpuscles? 9. Name two membranes found in the body and state their use. Define osmosis. 10. Define jejunum, peptone, trypsin.

Materia Medica.—1. What is materia medica? 2. (a) Name methods of introducing medicine into the system. (b) Discuss the rapidity of each. 3. (a) How many grains in one drachm? (b) How many drachms in one ounce? (c) How many cc. in one ounce? 4. What do you understand by idiosyncrasy? 5. What is rule for determining the dose for a child? 6. If you were told to give morphia gr. 1-8 and had gr. 1-2 what would you do? 7. What is an adult dose of epsom salts; of castor oil? 8. What is the difference between a tincture and a fluid extract? 9. Name the drugs acting on the heart. Name two drugs acting on the respiration? Name two drugs acting on the nervous system. 10. What are the dangers of chloroform anesthetic?

Obstetrics and Gynecology.—1. What are the usual symptoms of pregnancy? 2. Mention a few symptoms of toxemia. Some preceding eclampsia. 3. What pre-natal advice would you give a woman regarding her own care. 4. What is considered the first stage of labor and what care and treatment should the patient receive? 5. What precautions will a nurse take against sepsis? 6. How should massage be given the breast? How may depressed nipples be drawn out? 7. Give the care of a child the first eight hours after birth. 8. What precautions must be taken when giving a douche after labor? 9. What particulars should be noted and reported regarding lochia every time the vulval pads are changed? 10. Name the female generative organs.

Practical Nursing, Including Nervous and Mental Diseases, Eye, Ear, Nose and Throat, and Ethics.—Describe your method of giving a hypodermic. 2. Describe your method of catheterizing a patient. 3. What may cause cystitis? 4. Tell the duties of the surgical nurse. 5. Describe the brain. 6. (a) What part of the central nervous system is chiefly affected in paresis? (b) What is the cause of paresis? 7. (a) What is neurasthenia? (b) What is hysteria? 8. What care and precaution are necessary in nursing a case of trachoma? 9. Describe your method of irrigating the ear. 9. Write 150 words on "The Ethics of Nursing.

Omaha.—Grace E. Stamp, of Orange, N. J. has succeeded Esther O. West, as superintendent of nurses at Bishop Clarkson Memorial Hospital. Lillian B. Stuff has resigned as superintendent of nurses at Wise Memorial Hospital. Her place has been filled by Carrie S. Louer, who held the same position some years ago. Miss Stuff was for some years secretary of the Board of Nurses Examiners, while Miss Louer has served as president of the State Association. Hulda Anderson, who comes from the Swedish Hospital, Minneapolis, is the new superintendent of nurses at Swedish Mission Hospital. Amanda Olson has

been acting superintendent for several months. Marie C. Wieck, who was superintendent of the Omaha General, now the Lord Lister, Hospital for six years but who resigned in August, 1915, returned to the Lister as superintendent, September 15. Miss Wieck was secretary of the State Association for three years. The annual tag day for the benefit of the VISITING NURSES' ASSOCIATION was held on September 6. The selling of tags in Omaha is permitted by the mayor for this benefit only and the public responds earnestly to this grand cause. There are nine visiting nurses, Bessie B. Randall is superintendent. Beatrice.—Addition to the Beatrice Sanitarium of four single and two double rooms will increase the bed capacity and the roll of pupil nurses. The institution has been remodeled and redecorated to the extent of presenting an entire change in appearance. Charlotte Neufeldt, is superintendent of nurses. THE NURSES OF BEATRICE AND GAGE COUNTY are organising The Gage County Graduate Nurses' Association. Lincoln.—EDITH MACLAUGHLIN succeeds Elizabeth Hurren, who died recently, as superintendent of nurses at the Lincoln Sanitarium. Her assistants are Edith Glass, surgical supervisor, and Eliza Briggs, anaesthetist.

New Jersey.—THE NEW JERSEY STATE NURSES' ASSOCIATION will hold its ninth semi-annual meeting on Tuesday, November 7, 1916, in Trenton. A STATE LEAGUE OF NURSING EDUCATION was formed last April during the annual meeting of the State Association in Passaic, with the object of bringing about better and more uniform education for the nurses of the schools in the state. The League held its first regular meeting in Newark on September 5, and elected the following officers: president, Helen C. Howes, Newark; secretary, Grace M. Carmichael, General Hospital, Passaic; treasurer, Margaret J. Herries, Long Branch. It is earnestly hoped that all who are engaged in or interested in the work of educating nurses will become members, as their help is needed. THE EXECUTIVE BOARD OF THE NEW JERSEY STATE ORGANIZATION OF PUBLIC HEALTH NURSING held a meeting on August 27 at Redmond House, South Orange, four members being present. Arrangements were made to hold the next meeting at Bound Brook, October 28. Owing to the absence from the state for six months of the secretary, Helen E. Forbes, Mrs. Gemmel of East Orange will act as secretary until her return.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION will hold its annual meeting in Buffalo, October 18 and 19, with an added session on the morning of the 20th. The Hotel Lafayette has been chosen as official headquarters. Rochester.—MARY F. LAIRD, after one year of study at Teachers College and one year of public health work in New York City, has returned to this city to take charge of the social service work in connection with the Rochester General Hospital. The hospital has secured the services of Lois Albright of Columbus, Ohio, as social director. Ogdensburg.—THE ST. LAWRENCE STATE HOSPITAL held graduating exercises for a class of twelve in Curtis Hall on September 1. Dr. Richard H. Hutchings, Medical Superintendent of the hospital presented the diplomas. The address was given by Everett S. Elwood, of Albany, Secretary of the State Hospital Commission. The class address was given by Zaidee Bell Maxiner, entitled The Nurse Herself, and was exceptionally well presented. The alumnae prize of $5.00 in gold was won by Isabelle O'Rourke for proficiency in practical work. The regular monthly meeting of the Alumnae Association was held in Curtis Hall September 5. Application for membership was received from the twelve new graduates. Mary C. Worden, president of the Association was appointed delegate to the New York State Nurses' Association. Mrs. Leah

A. Chadsay, class of 1912, St. Lawrence State Hospital, School of Nursing, has been appointed superintendent of the Nathan Littauer Hospital, Gloversville, N. Y. Ruth E. Bowman, class of 1915, is night supervisor at the same institution.

Oklahoma—The Oklahoma State Board of Examiners for Nurses will hold its semi-annual examination for nurses at St. Anthony's Hospital, Oklahoma City, October 23 and 24, 1916. For further information apply to the secretary, Mabel Garrison, 1701 West 15 Street, Oklahoma City.

Pennsylvania.—The Graduate Nurses' Association of the State of Pennsylvania will hold its annual meeting in Pittsburgh, at the William Penn Hotel, on November 7, 8 and 9. Sarah E. Sly of Birmingham, Michigan, will be the guest of the Association during the three days of the convention and will also meet the Board of Directors on the 6th. It is hoped all alumnae associations in the state will be represented so that they may clearly understand where they stand in regard to their membership in the American Nurses' Association. Philadelphia.—The Medico-Chirurgical Hospital Nurses' Alumnae Association held its regular meeting on September 6, at the hospital, Mrs. Krats presiding in the absence of Mrs. Moyer who is ill. The results from the "mile of nickels" are very encouraging.

Rhode Island.—The Rhode Island Board of Examiners of Trained Nurses will examine applicants for state registration at the Capitol, Wednesday and Thursday, November 8 and 9. Application blanks and information may be had by addressing the secretary, Lucy C. Ayers, Woonsocket Hospital, Woonsocket, R. I. Providence.—The Central Directory for Nurses has been removed from 24 George Street to 60 Charles Field Street.

West Virginia: Clarksburg.—St. Mary's Hospital Training School held graduating exercises recently for a class of ten. Mary S. Shea was awarded the gold medal, presented by Dr. J. E. Wilson for the highest average. All the graduates successfully passed the State Board Examination for registration which was held at Wheeling. Charlotte Harr, Class of 1910, has accepted the position of Head Nurse at the City Hospital, Austin, Texas. Gertrude Nordlund, class of 1915, is surgical supervisor at the same institution. Misses Kearney and Parker, class of 1916, are engaged at the Riverside Hospital, New York. Esther Klein, class of 1916, is doing private nursing in Atlantic City. Uriel Smoot, class of 1914, has accepted the position of visiting nurse for the Goodrich Rubber Company, of Akron, Ohio. Elizabeth Callahan is visiting nurse for the Fireside Rubber Company.

BIRTHS

On August 15, at Ogdensburg, N. Y., a daughter, to Mr. and Mrs. Wesson Clark. Mrs. Clark was Bertha Ames, class of 1911, St. Lawrence State Hospital, Ogdensburg.

On June 20, at Columbus, Ohio, a daughter, to Mr. and Mrs. Theodore Ebersbach. Mrs. Ebersbach was Florence Collins, class of 1910, Grant Hospital, Columbus.

On July 10, at Weston, Ill., a son, to Mr. and Mrs. Chester Blair. Mrs. Blair was Edna Epley, class of 1911, J. C. Proctor Hospital, Peoria.

On August 5, at Verden, Okla., a son, to Mr. and Mrs. Clarence Hefner. Mrs. Hefner was Florence Garrett, class of 1911, St. Anthony's Hospital, Oklahoma City.

On June 3, a daughter, to Mr. and Mrs. J. C. Butterfield. Mrs. Butterfield

was Mary Sitler, class of 1912, University Homeopathic Hospital, Iowa City, Iowa.

On August 26, a daughter, to Mr. and Mrs. George Votaw of Hesper, Kans. Mrs. Votaw was Della A. Davis, class of 1911, The Iron and Fuel Hospital, Pueblo, Colo.

On July 26, at Meriden, Conn., a son, John Nelson, to Mr. and Mrs. Nelson S. Marcham. Mrs. Marcham was Edith Hanson, class of 1908, Meriden City Hospital. She also took post-graduate work at Bellevue Hospital, New York.

MARRIAGES

On April 17, at Ancon, Panama, Marion Downes, class of 1901, John N. Norton Memorial Infirmary, Louisville, to George Ford. Mr. and Mrs. Ford will live in Ancon.

On June 29, at Milford, Texas, Elizabeth Pappelbaum, graduate of the John N. Norton Infirmary, Louisville, to J. R. McFadden, M.D. Dr. and Mrs. McFadden will live in Milford.

On June 1, at Middletown, Pa., Helen Fishel, class of 1914, Grant Hospital, Columbus, Ohio, to John Dudley Dunham, M.D. Dr. and Mrs. Dunham will live in Columbus.

Recently, at Phoenix, Ariz., Martha Sandlin, class of 1913, Washington University Training School, St. Louis, to Frank C. Madland. Mr. and Mrs. Madland will live in El Paso, Texas.

On June 6, at St. Paul, Minn., Minnie A. Jack, class of 1912, Augustana Hospital, Chicago, to Charles H. Grossman. Mr. and Mrs. Grossman will live in Cleveland.

On August 3, in Marlboro, Mass., Phebe Beatrice MacManamee, class of 1908, Rhode Island Hospital, Providence, to Joseph C. O'Connell, M.D. Dr. and Mrs. O'Connell will live in Providence. Miss MacManamee has been in charge of Hope Private Hospital and her resignation was a loss to the institution.

On August 30, at Monmouth, Ill., Nellie E. Stocks, class of 1909, Monmouth Hospital, to Edwin Wingate.

On August 14, at Chicago, Ill., Helen Jane Brooks, class of 1914, Monmouth Hospital, to Elbert Harney.

On August 28, at White River, S. D., Ottilie Vavra, class of 1910, Douglas County Hospital, Omaha, to C. W. Kerlin. Mr. and Mrs. Kerlin will live at White River where Mr. Kerlin is county auditor.

On August 29, at Gladbrook, Iowa, Nellie Smead, class of 1912, Iowa Methodist Hospital, Des Moines, to Charles Bartruff, M.D. Dr. and Mrs. Bartruff will live in Reinbeck, Iowa.

On June 29, at Colfax, Iowa, Ethel M. Knapp, class of 1913, Iowa Methodist Hospital, Des Moines, to William A. Beidler. Mr. and Mrs. Beidler will live in Jamaica.

On September 9, at Oneida, N. Y., Catherine Morgenstern, class of 1915, Broad Street Hospital, Oneida, to Edward Kleist. Mr. and Mrs. Kleist will live in Jamestown, N. Y.

On July 6, Fannie C. Livingston, class of 1900, Hahnemann Hospital, Philadelphia, to Dr. Hartman. Dr. and Mrs. Hartman will live in Harrisburg.

On September 2, at Mechanicsville, Iowa, Ruth Reed Leech, graduate of the Iowa Methodist Hospital Training School, Des Moines, to Lindsy Phillips. Mr. and Mrs. Phillips will live in Des Moines.

On August 29, at Houston, Texas, Mrs. Julia E. Huff Howard, class of 1907, Charity Hospital, New Orleans, to Daniel Tracy. Mr. and Mrs. Tracy will live in Houston.

On June 28, Katherine Ohmes, class of 1913, St. Joseph's Hospital, Kansas City, Mo., to George Becker. Mr. and Mrs. Becker will live in Kansas, City.

On July 26, Mrs. Edith Tuttle, class of 1910, Bell Hospital, Rosedale, Kans., to Earl Williams. Mr. and Mrs. Williams will live in Kansas City, Kan.

On August 27, Nora B. Nelson, class of 1911, General Hospital, Kansas City, Mo., to W. E. Mitchener, M.D. Dr. and Mrs. Mitchener will live in Ottawa, Kans.

On September 3, Clara Kisler, class of 1915, Bell Hospital, Rosedale, Kans., to Carl Finke. Mr. and Mrs. Finke will live in Rosedale.

On August 8, Mary Kate Page, class of 1916, Stuart Circle Hospital, Richmond, Va., to William James Matthews. Mr. and Mrs. Matthews will live in Kenbridge, Va.

On September 3, Anna Brosi, class of 1915, Blessing Hospital, Quincy, Ill., to John Steiner.

DEATHS

On August 2, at her home in St. Louis, Mrs. Martha Dette. Mrs. Dette, who was Martha Fiember, class of 1902, Lutheran Hospital, will be deeply mourned by all her friends.

On August 15, at White Haven, Pa., Mrs. Eliza Mareno, graduate of the White Haven Sanatorium, class of 1914. After graduation Mrs. Mareno became superintendent of Ponce Sanitarium, Porto Rico, and was greatly missed when ill health compelled her to resign her position. She was loved by all who knew her and her loss will be deeply felt.

On August 29, at Syracuse, N. Y., Mary Adelaide Clark, one of the early graduates of Bellevue and the first trained nurse to practice in Syracuse.

On August 25, at Spring Bay, Ill., Clara L. Zeller, class of 1906, Proctor Hospital, Peoria. Miss Zellar did private duty until a year ago, when she became ill. A large circle of friends regret her untimely death.

On July 15, at Marietta, Ill., Bertha Pallister, class of 1907, Proctor Hospital, Peoria. Miss Pallister engaged in private duty nursing until two years ago, when failing health compelled her to give it up. She spent several months at the Ottawa Tent Colony, but gradually became worse and the end came just a week after she was taken home. She was a member of her alumnae association and of the Seventh District Association. She will be missed by her many friends.

On September 6, at Asheville, N. C., very suddenly, Mary A. Stewart, a graduate of the Mission Hospital and for more than twenty years a private nurse in Asheville. Miss Stewart was a successful business woman, a devoted friend and an earnest Christian. She will be mourned by the whole community and especially by her sorrowing friends.

On July 16, at Biltmore, N. C., Charlotte M. Walker and Mabel Foister, graduates of the Biltmore Hospital. On that date a flood swept over the river sections of the community with terrific force. After helping some friends who lived on the river bank to rescue an aged grandmother and a crippled sister, taking them to a place of safety in wheeled chairs, they went back to the house to try to save some of the family property when the flood increased and swept

them off their feet. They clung to the wire surrounding a tree from 7 a.m. until 2 p.m., when they dropped into the water from exhaustion and were drowned. A boat carrying rescuers had been dashed to pieces and the current was too strong for swimming.

On August 24, Anna Peterson, class of 1910, Newberry State Hospital Training School, Newberry, Mich. Miss Peterson's faithfulness and loyalty to the training school and institution have been an inspiration to the nurses and staff. She was loved by all.

On July 12, Emma Sobold, class of 1916, Medico-Chirurgical Hospital, Philadelphia. She was a most conscientious, faithful worker and will be sadly missed.

On July 30, Sarah Zauer, class of 1896, Hahnemann Hospital, Philadelphia. Miss Zauer had been in poor health for a number of years, although she had been engaged in active work until a short time before her death.

On July 24, at Dallas, Texas, Marion Sutherland, graduate of a school in Aberdeen, Scotland. Miss Sutherland had been in America about four years, engaged in private duty in Dallas. She was an active member of the local association and was much beloved by her associates and friends. She was stricken with typhoid in May, as she was preparing to return to Scotland for a visit.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

PHYSICS AND CHEMISTRY FOR NURSES. By Amy Elizabeth Pope. Graduate of the School of Nursing of the Presbyterian Hospital of the City of New York; Special Diploma in Education from Teachers College, Columbia University, New York; formerly Instructor in the School of Nursing, Presbyterian Hospital; Instructor in the School of Nursing, St. Luke's Hospital, San Francisco, California. Author of *Quiz Book of Nursing, Anatomy and Physiology for Nurses, A Medical Dictionary for Nurses*, and, with Anna C. Maxwell, of *Practical Nursing*. Illustrated. G. P. Putnam's Sons, New York and London. Price, $1.75.

The work that Miss Pope has done for nurses and other students of domestic science can only be estimated by the reader, and once taken up, the book is bound to interest the most casual student. In ancient times, people feared the knowledge of chemistry and its students were accounted wizards, possessing powers perhaps for good but certainly for evil. The student who follows Miss Pope's teaching need only be feared as an agency of evil when she fails to profit by instruction here so admirably demonstrated. Miss Pope has already contributed several valuable books for use in the teaching of nurses; the present volume is in no way behind her other works. It indicates a careful and thorough selection of such gleanings from the vast field of physics and chemistry as are indispensable to the preparation for hospital training and includes the various actions that occur in cleaning, disinfection, cooking, digestion and metabolism.

LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS. By Robert W. Lovett, M.D., Boston. John B. and Buckminster Brown, Professor of Orthopedic Surgery, Harvard Medical School; Surgeon to the Children's Hospital, Boston; Surgeon-in-Chief to the Massachusetts Hospital School, Canton; Consulting Orthopedic Surgeon to the Boston Dispensary; Member of the American Orthopedic Association; Corresponding Member of the Royal Society of Physicians, Budapest; Korrespondierendes Mitglied der Deutschen Gesellschaft fur Orthopadische Chirurgie; Socio Della Societa Italiana Di Ortopedia. Third Edition, Revised and Enlarged, with 180 illustrations. P. Blackiston's Son & Co., 1012 Walnut Street, Philadelphia. Price, $1.75.

The third edition of Dr. Lovett's book shows some change of treatment and a more vigorous advocacy of forcible correction and the use of gymnastic exercises. A chapter on the history of scoliosis has also been added which shows that this condition was known to the earliest writers of medical books.

NURSING PROBLEMS AND OBLIGATIONS. By Sara E. Parsons, R.N., Superintendent of the Training School for Nurses, Massachusetts General Hospital, Boston. Whitcomb and Barrows, Boston. Price, $1.00.

When Dr. Billings advised nurses "be good women but don't have a code of ethics," his advice was considered good. It is still good, so far as a *code* is concerned, since no set of rules however diversified could begin to cover the many situations that arise, to confront and confound the nurse. Miss Parsons has hit upon the answer to the problem, insisting on the development of character in the probationer and pupil nurse. In urging upon her the early recognition of her responsibilities, her code includes many commandments in the positive, few or none in the negative. "Thou shalt," is the rule; seldom, "Thou shalt not."

"Just as the nurse must discover the underlying principles of all nursing procedures, so must she endeavor to learn and practice right methods of reasoning about conduct; and if she does so she will never quite be helpless in any kind of emergency." This double fidelity Miss Parsons insists must be carried through the whole of the nurse's career. Graduation adds to the responsibilities, as the need of loyally upholding and serving her alumnae association; her part in maintaining and forwarding such agencies as the County, State and National Societies; and of assisting by subscription and contribution to the national magazine, the AMERICAN JOURNAL OF NURSING, also of creating in every large city a Central Directory; these are some of the more obvious duties to which the nurse must never fail to give her loyal support.

Following this course, and upon such a foundation of technical skill, fortified by character, there is no opportunity which the nurse cannot embrace and she may bring her offering of service to many an unlooked-for port.

ORTHOPEDIC SURGERY FOR NURSES. By John McWilliams Berry, M.D. Clinical Professor of Orthopedics and Rontgenology at the Albany Medical College, New York. W. B. Saunders Company, Philadelphia and London. Price, $1.00.

The early recognition of orthopedic deformities is of the greatest importance in the treatment and cure; the present volume aims to assist in the observation and recognition of deformities by which much suffering may be saved.

The subject covers the congenital deformities and those acquired which latter may result from disease, as poliomyelitis, etc., or from improper feeding and malnutrition. The text is illustrated by copious free hand outline drawings.

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